

## THE COMMONWEALTH OF MASSACHUSETTS

## BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

## FOOD ESTABLISHMENT INSPECTION REPORT

Name	Burlington High School	Date	09/14/2017	Type of Operation(s)	Type of Inspection
Address	123 Cambridge St., BURLINGTON, MA 01803	Risk Level	Medium	<input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: 03/06/2017 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Telephone	(781) 270-1885				
Owner	Burlington Public Schools	HACCP			
Person in Charge (PIC)	Mary Lou Govoni	Time			
Inspector	Marlene Johnson	In:	9:00 AM	Permit No.	000244
		Out:	9:55 AM		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

## Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

## Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

## PROTECTION FROM CHEMICALS

 0 Chemical-Test

## FOOD PROTECTION MANAGEMENT

 1 PIC Assigned / Knowledgeable / Duties

## EMPLOYEE HEALTH

 2. Reporting of Diseases by Food Employee and PIC 3 Personnel with Infections Restricted/Excluded

## FOOD FROM APPROVED SOURCE

 4 Food and Water from Approved Source 5. Receiving/Condition 6 Tags/Records/Accuracy of Ingredient Statements 7 Conformance with Approved Procedures/HACCP Plans

## PROTECTION FROM CONTAMINATION

 8 Separation/Segregation/Protection 9 Food Contact Surfaces Cleaning and Sanitizing 10 Proper Adequate Handwashing 11 Good Hygienic Practices 12 Prevention of Contamination from Hands 13 Handwash Facilities

## PROTECTION FROM CHEMICALS

 14 Approved Food or Color Additives 15 Toxic Chemicals

## TIME/TEMPERATURE CONTROLS (PHFs)

 16 Cooking Temperatures 17 Reheating 18 Cooling 19. Hot and Cold Holding 20. Time As a Public Health Control

## REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

 21 Food and Food Preparation for HSP

## CONSUMER ADVISORY

 22 Posting of Consumer Advisories

## Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23 Management and Personnel	590.003
		24 Food and Food Protection	590.004
		25 Equipment and Utensils	590.005
		26 Water, Plumbing, and Waste	590.006
X		27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29 Special Requirements	590.009
		30 Other	BOH Regulation
		31. Grease Trap	BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

## DATE OF RE-INSPECTION:

Inspector's Signature: *Marlene Johnson*

Print: Marlene Johnson

PIC's Signature: *Mary Lou Govoni*

Print: Mary Lou Govoni

Page 1 of 2 Pages

# BURLINGTON BOARD OF HEALTH

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Establishment Name: Burlington High School

Date: 09/14/2017

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
27	590.007		Light shields missing on three fluorescent lights inside food, dry storage room. provide Note: light shield on order for light bulb inside walk-in ref. unit.	

Discussion With Person in Charge:	Corrective Action Required:	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Hand wash sink stocked and working, ware wash sink (quats) 200 PPM, test kit present, equipment working, temperature of turkey ham 40F (inside walk-in)	<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input checked="" type="checkbox"/> Other: As noted	

## THE COMMONWEALTH OF MASSACHUSETTS

## BURLINGTON BOARD OF HEALTH

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Ph: (781) 270-1955 • Fax: (781) 273-7687

## FOOD ESTABLISHMENT INSPECTION REPORT

Name <b>Burlington High School</b>	Date <b>02/05/2018</b>	Type of Operation(s)	Type of Inspection
Address <b>123 Cambridge St, BURLINGTON, MA 01803</b>	Risk Level <b>Medium</b>	<input type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone <b>(781) 270-1885</b>		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner <b>Burlington Public Schools</b>	<b>HACCP</b>	<input type="checkbox"/> Residential Kitchen	Previous inspection
Person in Charge (PIC) <b>Marylou Govoni</b>	Time	<input type="checkbox"/> Mobile	Date: <b>09/14/2017</b>
Inspector <b>Samantha Hardy</b>	In: <b>9:05 AM</b>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation
	Out: <b>10:10 AM</b>	<input type="checkbox"/> Caterer	<input type="checkbox"/> Suspect Illness
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint
		Permit No. <b>000244</b>	<input type="checkbox"/> HACCP
			<input type="checkbox"/> Other _____

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

## Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

## Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

## PROTECTION FROM CHEMICALS

 0 Chemical-Test

## FOOD PROTECTION MANAGEMENT

 1. PIC Assigned / Knowledgeable / Duties

## EMPLOYEE HEALTH

 2. Reporting of Diseases by Food Employee and PIC 3. Personnel with Infections Restricted/Excluded

## FOOD FROM APPROVED SOURCE

 4. Food and Water from Approved Source 5. Receiving/Condition 6. Tags/Records/Accuracy of Ingredient Statements 7. Conformance with Approved Procedures/HACCP Plans

## PROTECTION FROM CONTAMINATION

 8. Separation/Segregation/Protection 9. Food Contact Surfaces Cleaning and Sanitizing 10. Proper Adequate Handwashing 11. Good Hygienic Practices 12. Prevention of Contamination from Hands 13. Handwash Facilities

## PROTECTION FROM CHEMICALS

 14. Approved Food or Color Additives 15. Toxic Chemicals

## TIME/TEMPERATURE CONTROLS (PHFs)

 16. Cooking Temperatures 17. Reheating 18. Cooling 19. Hot and Cold Holding 20. Time As a Public Health Control

## REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

 21. Food and Food Preparation for HSP

## CONSUMER ADVISORY

 22. Posting of Consumer Advisories

## Violations Related to Good Retail Practices (Blue Items)

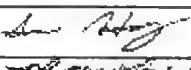
Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	590.003
		24. Food and Food Protection	590.004
		25. Equipment and Utensils	590.005
		26. Water, Plumbing, and Waste	590.006
X		27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29. Special Requirements	590.009
		30. Other	BOH Regulation
		31. Grease Trap	BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:** 03/01/2018Inspector's Signature: 

Print: Samantha Hardy

Page 1 of 2 PagesPIC's Signature: 

Print: Marylou Govoni

**BURLINGTON BOARD OF HEALTH**

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Establishment Name: Burlington High School

Date: 02/05/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
27	FC 6-501.11		Ceiling tiles missing in storage room, provide.	
27	FC 6-501.12		Dust buildup on fan in walkin, clean	

**Discussion With Person in Charge:**  
Temperatures in compliance. taco beef 168F, smoothie 40F. Three bay sanitizer 200ppm quats. Handsink in compliance. Restroom in compliance.

<b>Corrective Action Required:</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion
<input checked="" type="checkbox"/> Re-Inspection Scheduled	<input type="checkbox"/> Emergency Suspension
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:

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**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <b>Burlington High School</b>	Date <b>03/01/2018</b>	Type of Operation(s)	Type of Inspection
Address <b>123 Cambridge St, BURLINGTON, MA 01803</b>	Risk Level <b>2</b>	<input type="checkbox"/> Food Service	<input type="checkbox"/> Routine
Telephone <b>(781) 270-1885</b>		<input type="checkbox"/> Retail	<input checked="" type="checkbox"/> Re-inspection
Owner <b>Burlington Public Schools</b>	HACCP	<input type="checkbox"/> Residential Kitchen	Previous inspection Date: <b>02/05/2018</b>
Person in Charge (PIC) <b>Marylou Govoni</b>	Time In: <b>9:15 AM</b> Out: <b>9:25 AM</b>	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector <b>Samantha Hardy</b>		<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
		<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
		Permit No. <b>000244</b>	<input type="checkbox"/> Other _____

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**

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*Non-compliance with:*

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

**PROTECTION FROM CHEMICALS**

0. Chemical-Test

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

2. Reporting of Diseases by Food Employee and PIC

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		30. Other	BOH Regulation
		31. Grease Trap	BOH Regulation

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**DATE OF RE-INSPECTION:**

Inspector's Signature:

Print: Samantha Hardy

PIC's Signature:

Print: Marylou Govoni

Page 1 of 2 Pages

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Establishment Name: Burlington High School

Date: 03/01/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
Discussion With Person in Charge: All violations corrected.			Corrective Action Required: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal <input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:

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**FOOD ESTABLISHMENT INSPECTION REPORT**

Name	Burlington High School	Date	09/20/2018	Type of Operation(s)	Type of Inspection
Address	123 Cambridge St., BURLINGTON, MA 01803	Risk Level	2	<input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: 03/01/2018 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Telephone	(781) 270-1885				
Owner	Burlington Public Schools	HACCP			
Person in Charge (PIC)	Mary Lou Govoni	Time			
Inspector	Samantha Hardy	In:	9:35 AM	Permit No.	000244
Out:	10:10 AM				

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		27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29. Special Requirements	590.009
		30. Other	BOH Regulation
		31. Grease Trap	BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature:

Print: Samantha Hardy

PIC's Signature:

Print: Mary Lou Govoni

Page 1 of 2 Pages

**BURLINGTON BOARD OF HEALTH**

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Establishment Name: Burlington High School

Date: 09/20/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
25	FC 4-602.13		Drawers soiled on bottom, clean. COS Handles of storage unit near grill sticky, clean. COS	
<b>Discussion With Person in Charge:</b> Temperatures in compliance: cooked hamburger 36F. Employee restroom stocked Handsinks stocked Three bay sanitizer 400ppm quats			<b>Corrective Action Required:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Embargo <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Voluntary Disposal <input checked="" type="checkbox"/> Other: Corrected on Site

# BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: 781-270-1955 • Fax: 781-273-7687

## Food Establishment Inspection Report

Name: Burlington High School	Date 03/14/2019	Type of Operation(s)	Type of Inspection:
Address: 123 Cambridge St., BURLINGTON, MA 01803	Risk Level 2	<input type="checkbox"/> Food Service Establishment	<input checked="" type="checkbox"/> Routine
Telephone: (781) 270-1885		<input type="checkbox"/> Retail Food Store	<input type="checkbox"/> Re-inspection
Owner: Burlington Public Schools	HACCP	<input type="checkbox"/> Residential: Cottage Foods	<input type="checkbox"/> Pre-operational
Person-In-Charge: Mary Lou Govoni	Time	<input type="checkbox"/> Residential: Bed & Breakfast	<input type="checkbox"/> Illness Investigation
Inspector: Samantha Hardy	In: 8:45 AM Out: 10:15 AM	<input type="checkbox"/> Mobile/Pushcart	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Temporary Food Estab	<input type="checkbox"/> HACCP
		<input checked="" type="checkbox"/> Other School	<input type="checkbox"/> Other

Number of Violated Provisions Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 though 29):	<b>0</b>	Number of Repeat Violations Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 though 29):	<b>0</b>	Date of Re-Inspection
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### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R	Compliance Status		IN	OUT	N/A	N/O	COS	R
<b>Supervision</b>								<b>Protection from Contamination</b>							
1	Person-in-charge present, demonstrates knowledge and performs duties	(IN)	OUT					15	Food separated and protected	(IN)	OUT	N/A	N/O		
2	Certified Food Protection Manager	(IN)	OUT	N/A				16	Food-contact surfaces: cleaned & sanitized	(IN)	OUT	N/A			
<b>Employee Health</b>								17	Proper disposition of returned, previously served, reconditioned & unsafe food	(IN)	OUT				
<b>Good Hygienic Practices</b>								<b>Time/Temperature Control for Safety</b>							
6	Proper eating, tasting, drinking or tobacco use	(IN)	OUT	N/O				18	Proper cooking time & temperatures	(IN)	OUT	N/A	N/O		
7	No discharge from eyes, nose and mouth	(IN)	OUT	N/O				19	Proper reheating procedures for hot holding	(IN)	OUT	N/A	N/O		
<b>Preventing Contamination by Hands</b>								20	Proper cooling time and temperature	IN	OUT	N/A	(N/O)		
8	Hands clean & properly washed	(IN)	OUT	N/O				21	Proper hot holding temperature	IN	OUT	N/A	(N/O)		
9	No bare hand contact with ready-to-eat food	(IN)	OUT	N/A	N/O			22	Proper cold holding temperature	(IN)	OUT	N/A	N/O		
10	Adequate handwashing sinks, properly supplied and accessible	(IN)	OUT					23	Proper date marking and disposition	(IN)	OUT	N/A	N/O		
<b>Approved Source</b>								24	Time as a Public Health Control	IN	OUT	(N/A)	N/O		
11	Food obtained from approved source	(IN)	OUT					25	Consumer advisory provided for raw/undercooked food	IN	OUT	(N/A)			
12	Food received at proper temperature	IN	OUT	N/A	(N/O)			26	Pasteurized foods used, prohibited foods not offered	(IN)	OUT	N/A			
13	Food received in good condition, safe & unadulterated	(IN)	OUT					<b>Highly Susceptible Populations</b>							
14	Required records available: shellstock tags, parasite destruction	IN	OUT	(N/A)	N/O			27	Food additives: approved & properly used	IN	OUT	(N/A)			
<b>Food/Color Additives and Toxic Substances</b>								28	Toxic substances properly identified, stored & used	(IN)	OUT	N/A			
<b>Conformance with Approved Procedures</b>								29	Compliance with variance/specialized process/HACCP plan	IN	OUT	(N/A)			

**Official Order for Correction:** Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Signature of Person-In-Charge: Mary Lou Govoni	<i>Mary Lou Govoni</i>	Date: 03/14/2019
Signature of Inspector: Samantha Hardy	<i>Samantha Hardy</i>	Date: 03/14/2019

# Food Establishment Inspection Report - Town of Burlington, MA

Establishment: Burlington High School

Date: 03/14/2019

Page 2 of 3

## GOOD RETAIL PRACTICES AND MASSACHUSETTS - ONLY SECTIONS

An "X" in box indicates numbered item is not in compliance. An "X" in appropriate box for COS = corrected on site during the inspection and/or R = repeat violation

Compliance Status				Compliance Status			
	OUT	COS	R		OUT	COS	R
<b>Safe Food and Water</b>				<b>Utensils, Equipment and Vending</b>			
30	Pasteurized eggs used where required			48	Warewashing facilities: installed, maintained & used test strips		
31	Water & ice from approved source			49	Non-food contact surfaces clean		
32	Variance obtained for specialized processing methods			<b>Physical Facilities</b>			
33	Proper cooling methods used; adequate equipment for temperature control			50	Hot & cold water available; adequate pressure		
34	Plant food properly cooked for hot holding			51	Plumbing installed; proper backflow devices		
35	Approved thawing methods used			52	Sewage & waste water properly disposed		
36	Thermometers provided & accurate			53	Toilet facilities: properly constructed, supplied & cleaned		
37	Food properly labeled; original container			54	Garbage & refuse properly disposed; facilities maintained		
<b>Food Temperature Control</b>				55	Physical facilities installed, maintained & clean		
<b>Food Identification</b>				56	Adequate ventilation & lighting; designated areas used		
<b>Prevention of Food Contamination</b>				<b>Additional Requirements listed in 105 CMR 590.011</b>			
38	Insects, rodents & animals not present			M1	Anti-choking procedure in food service establishments		
39	Contamination prevented during food preparation, storage and display			M2	Food allergy awareness		
40	Personal cleanliness			<b>Review of Retail Operations listed in 105 590.010</b>			
41	Wiping cloths: properly used & stored			M3	Caterer		
42	Washing fruits & vegetables			M4	Mobile Food Operation		
<b>Proper Use of Utensils</b>				M5	Temporary Food Establishment		
43	In-use utensils properly stored			M6	Public Market; Farmers Market		
44	Utensils, equipment & linens: properly stored, dried & handled			M7	Residential Kitchen; Bed-and-Breakfast Operation		
45	Single-use/single-service articles: properly stored & used			M8	Residential Kitchen; Cottage Food Operation		
46	Gloves used properly			M9	School Kitchen; USDA Nutrition Program		
<b>Utensils, Equipment and Vending</b>				M10	Leased Commercial Kitchen		
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used			M11	Innovative Operation		
<i>Mary Lou Govoni</i>				<b>Local Requirements</b>			
<i>Samantha Hardy</i>				L1	CFPM open to close		
<i>Samantha Hardy</i>				L2	Grease Trap Regulations		

Date: 03/14/2019

Date: 03/14/2019

Signature of Person-in-Charge: Mary Lou Govoni

Signature of Inspector: Samantha Hardy

MDPh report form - 10/5/18 version

# Food Establishment Inspection Report - Town of Burlington, MA

Establishment: Burlington High School

Date: 03/14/2019

Page 3 of 3

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Chicken/oven	174°F	Chicken/Walk-In Cooler	33°F		

Item Number	Section of Code	Description of Violation

## Discussion with Person-in-Charge:

Signature of Person-in-Charge: Mary Lou Govoni

Date: 03/14/2019

Signature of Inspector: Samantha Hardy

Date: 03/14/2019

## THE COMMONWEALTH OF MASSACHUSETTS

## BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

## FOOD ESTABLISHMENT INSPECTION REPORT

Name	Fox Hill School	Date	09/07/2017	Type of Operation(s)	Type of Inspection
Address	1 Fox Hill Rd, BURLINGTON, MA 01803	Risk Level	Medium	<input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: 03/08/2017 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Telephone	(781) 270-1793				
Owner	Burlington Public Schools	HACCP			
Person in Charge (PIC)	Donna Mason	Time			
Inspector	Randall S. Phelps	In:	11:55 AM		
		Out:	12:30 PM	Permit No.	000246

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

## Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

## Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

## PROTECTION FROM CHEMICALS

1.0. Chemical-Test

## OOD PROTECTION MANAGEMENT

1.1. PIC Assigned / Knowledgeable / Duties

## MPLOYEE HEALTH

1.2 Reporting of Diseases by Food Employee and PIC

1.3. Personnel with Infections Restricted/Excluded

## OOD FROM APPROVED SOURCE

1.4. Food and Water from Approved Source

1.5. Receiving/Condition

1.6. Tags/Records/Accuracy of Ingredient Statements

1.7. Conformance with Approved Procedures/HACCP Plans

## ROTECTION FROM CONTAMINATION

1.8 Separation/Segregation/Protection

1.9 Food Contact Surfaces Cleaning and Sanitizing

1.10 Proper Adequate Handwashing

 11. Good Hygienic Practices 12. Prevention of Contamination from Hands 13. Handwash Facilities

## PROTECTION FROM CHEMICALS

 14. Approved Food or Color Additives 15. Toxic Chemicals

## TIME/TEMPERATURE CONTROLS (PHFs)

 16. Cooking Temperatures 17. Reheating 18. Cooling 19. Hot and Cold Holding 20. Time As a Public Health Control

## REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

 21. Food and Food Preparation for HSP

## CONSUMER ADVISORY

 22. Posting of Consumer Advisories

## Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

: N

23. Management and Personnel	590 003
24. Food and Food Protection	590.004
25. Equipment and Utensils	590.005
26. Water, Plumbing, and Waste	590.006
27. Physical Facility	590.007
28. Poisonous or Toxic Materials	590.008
29. Special Requirements	590.009
30. Other	BOH Regulation
31. Grease Trap	BOH Regulation

## Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

## DATE OF RE-INSPECTION:

Inspector's Signature: 

Print: Randall S. Phelps

C's Signature: 

Print: Donna Mason

Page 1 of 2 Pages

**BURLINGTON BOARD OF HEALTH**

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Fox Hill School

Date: 09/07/2017

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
			<b>Discussion With Person in Charge:</b> No violations noted. New walk in freezer and cooler. Old walk in used as equipment storage. Holding temperatures all within regulations. Kitchen needs better air circulation and ventilation to mitigate humidity.	<b>Corrective Action Required:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Embargo <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Voluntary Disposal <input type="checkbox"/> Other:

## THE COMMONWEALTH OF MASSACHUSETTS

## BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

## FOOD ESTABLISHMENT INSPECTION REPORT

Name Fox Hill School	Date 02/12/2018	Type of Operation(s)	Type of Inspection
Address 1 Fox Hill Rd., BURLINGTON, MA 01803	Risk Level Medium	<input type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone (781) 270-1793		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner Burlington Public Schools	HACCP	<input type="checkbox"/> Residential Kitchen	Previous inspection Date: 09/07/2017
Person in Charge (PIC) Donnalee L. Mason	Time	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector Samantha Hardy	In: 10:30 AM Out: 11:00 AM	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
		<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
		Permit No. 000246	<input type="checkbox"/> Other _____

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

## Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

## Non-compliance with:

Anti-Choking	590.008 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

## PROTECTION FROM CHEMICALS

 0. Chemical-Test

## FOOD PROTECTION MANAGEMENT

 1 PIC Assigned / Knowledgeable / Duties

## EMPLOYEE HEALTH

 2 Reporting of Diseases by Food Employee and PIC 3 Personnel with Infections Restricted/Excluded

## FOOD FROM APPROVED SOURCE

 4 Food and Water from Approved Source 5. Receiving/Condition 6. Tags/Records/Accuracy of Ingredient Statements 7. Conformance with Approved Procedures/HACCP Plans

## PROTECTION FROM CONTAMINATION

 8. Separation/Segregation/Protection 9 Food Contact Surfaces Cleaning and Sanitizing 10 Proper Adequate Handwashing 11. Good Hygienic Practices 12. Prevention of Contamination from Hands 13 Handwash Facilities

## PROTECTION FROM CHEMICALS

 14. Approved Food or Color Additives 15 Toxic Chemicals

## TIME/TEMPERATURE CONTROLS (PHFs)

 16. Cooking Temperatures 17. Reheating 18 Cooling 19. Hot and Cold Holding 20. Time As a Public Health Control

## REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

 21. Food and Food Preparation for HSP

## CONSUMER ADVISORY

 22. Posting of Consumer Advisories

## Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N
	23. Management and Personnel 590.003
	24. Food and Food Protection 590.004
	25. Equipment and Utensils 590.005
	26. Water, Plumbing, and Waste 590.006
X	27. Physical Facility 590.007
	28. Poisonous or Toxic Materials 590.008
	29. Special Requirements 590.009
	30. Other BOH Regulation
	31. Grease Trap BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:** 03/01/2018

Inspector's Signature:

Print: Samantha Hardy

PIC's Signature:

Print: Donnalee L. Mason

Page 1 of 2 Pages

**BURLINGTON BOARD OF HEALTH**

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Fox Hill School

Date: 02/12/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
27	FC 6-501.12		Hood vents soiled with dust buildup, clean. Ceiling vents soiled with dust buildup, clean.	

Discussion With Person in Charge:	Corrective Action Required:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Three bay sanitizer 200ppm quats. Handsink in compliance. Restroom in compliance. Temperatures in compliance: cheese 37F. All frozen foods frozen solid.	<input type="checkbox"/> Voluntary Compliance <input checked="" type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:

THE COMMONWEALTH OF MASSACHUSETTS  
**BURLINGTON BOARD OF HEALTH**  
61 Center Street, Burlington, MA 01803  
Ph: (781) 270-1955 • Fax: (781) 273-7687

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name	Fox Hill School			Date	03/01/2018	Type of Operation(s)				Type of Inspection
Address	1 Fox Hill Rd., BURLINGTON, MA 01803			Risk Level	2	<input type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Re-inspection			<input type="checkbox"/> Routine
Telephone	(781) 270-1793					<input type="checkbox"/> Retail	<input type="checkbox"/> Previous inspection			<input type="checkbox"/> Pre-operation
Owner	Burlington Public Schools					<input type="checkbox"/> Residential Kitchen	<input type="checkbox"/> Date: 02/12/2018			<input type="checkbox"/> Suspect Illness
Person in Charge (PIC)	Donnalee L. Mason			Time		<input type="checkbox"/> Mobile	<input type="checkbox"/> General Complaint			<input type="checkbox"/> HACCP
Inspector	Samantha Hardy			In:	9:40 AM	<input type="checkbox"/> Temporary	<input type="checkbox"/> Other			<input type="checkbox"/> Other _____
				Out:	9:50 AM	<input type="checkbox"/> Caterer	<input type="checkbox"/> Permit No. 000246			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

*Non-compliance with:*

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

**PROTECTION FROM CHEMICALS**

0. Chemical-Test

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

**FOOD FROM APPROVED SOURCE**

4 Food and Water from Approved Source

5 Receiving/Condition

6 Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

**PROTECTION FROM CONTAMINATION**

8. Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10 Proper Adequate Handwashing

11. Good Hygienic Practices

12 Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14 Approved Food or Color Additives

15. Toxic Chemicals

**TIME/TEMPERATURE CONTROLS (PHFs)**

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)**

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C N

23. Management and Personnel	590.003
24. Food and Food Protection	590.004
25. Equipment and Utensils	590.005
26. Water, Plumbing, and Waste	590.006
27. Physical Facility	590.007
28. Poisonous or Toxic Materials	590.008
29. Special Requirements	590.009
30. Other	BOH Regulation
31. Grease Trap	BOH Regulation

**Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):**

0

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature:

Print: Samantha Hardy

PIC's Signature:

Print: Donnalee L. Mason

Page 1 of 2 Pages

**BURLINGTON BOARD OF HEALTH**

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Fox Hill School

Date: 03/01/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
<b>Discussion With Person in Charge:</b> All violations corrected.				<b>Corrective Action Required:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Embargo <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Voluntary Disposal <input type="checkbox"/> Other:

## THE COMMONWEALTH OF MASSACHUSETTS

## BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

## FOOD ESTABLISHMENT INSPECTION REPORT

Name	Fox Hill School	Date	09/18/2018	Type of Operation(s)	<input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: 03/01/2018 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address	1 Fox Hill Rd., BURLINGTON, MA 01803	Risk Level	2	Time		Permit No.	000246
Telephone	(781) 270-1793			In:	9:05 AM		
Owner	Burlington Public Schools			Out:	9:50 AM		
Person in Charge (PIC)	Donnalee Mason						
Inspector	Marlene Johnson						

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

## Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

## Non-compliance with:

Anti-Choking	590.009 (E) <input type="checkbox"/>
Tobacco	590.009 (F) <input type="checkbox"/>
Allergen Awareness	590.009 (G) <input type="checkbox"/>

## PROTECTION FROM CHEMICALS

 0. Chemical-Test

## FOOD PROTECTION MANAGEMENT

 1. PIC Assigned / Knowledgeable / Duties

## EMPLOYEE HEALTH

 2. Reporting of Diseases by Food Employee and PIC 3. Personnel with Infections Restricted/Excluded

## FOOD FROM APPROVED SOURCE

 4. Food and Water from Approved Source 5. Receiving/Condition 6 Tags/Records/Accuracy of Ingredient Statements 7. Conformance with Approved Procedures/HACCP Plans

## PROTECTION FROM CONTAMINATION

 8. Separation/Segregation/Protection 9. Food Contact Surfaces Cleaning and Sanitizing 10. Proper Adequate Handwashing 11. Good Hygienic Practices 12. Prevention of Contamination from Hands 13. Handwash Facilities

## PROTECTION FROM CHEMICALS

 14. Approved Food or Color Additives 15. Toxic Chemicals

## TIME/TEMPERATURE CONTROLS (PHFs)

 16. Cooking Temperatures 17. Reheating 18. Cooling 19. Hot and Cold Holding 20. Time As a Public Health Control

## REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

 21. Food and Food Preparation for HSP

## CONSUMER ADVISORY

 22. Posting of Consumer Advisories

## Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	590.003
		24. Food and Food Protection	590.004
X		25. Equipment and Utensils	590.005
X		26. Water, Plumbing, and Waste	590.006
X X		27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29. Special Requirements	590.009
		30. Other	BOH Regulation
		31. Grease Trap	BOH Regulation

## Number of Violated Provisions Related

To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:** 10/02/2018Inspector's Signature: *Marlene Johnson*

Print: Marlene Johnson

Page 1 of 2 PagesPIC's Signature: *Donnalee Mason*

Print: Donnalee Mason

# BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Fox Hill School

Date: 09/18/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
25	FC 4-602.13		Two portable fan units very dusty, clean.	
25	FC 4-501.11		Hood filter out of place, replace so it stays in place when unit is turned on. CORRECTED ON SITE.	
26	FC 5-501.113		Outside dumpster unit found open, close lids after each use. CORRECTED ON SITE	
27	FC 6-501.12		Dust, cobwebs, soils found on floor under shelves inside food/paper storage room, clean.	
27	FC 6-501.111*	C	Mouse droppings found on floor under shelf where chemicals are stored (next to walk-in ref. unit), contact pest control service so they can treat area then clean to remove droppings. Provide a copy of pest control service report.	

Discussion With Person in Charge:	Corrective Action Required:	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Note: new serving line installed over summer. Found in compliance this day; hand wash sink (1 on site), stocked and working, temp. canned pears cold holding 37F, temp. packaged sliced cheese (temp. taken between unopened packages) 37F, warewash sink (quats) 200 PPM, milk carton ref. unit 32F (air temp.).	<input type="checkbox"/> Voluntary Compliance <input checked="" type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:	

## THE COMMONWEALTH OF MASSACHUSETTS

## BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

## FOOD ESTABLISHMENT INSPECTION REPORT

Name	Fox Hill School	Date	10/02/2018	Type of Operation(s)	Type of Inspection
Address	1 Fox Hill Rd., BURLINGTON, MA 01803	Risk Level	2	<input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Routine <input checked="" type="checkbox"/> Re-inspection Previous inspection Date: 09/18/2018
Telephone	(781) 270-1793				<input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness
Owner	Burlington Public Schools	HACCP			<input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP
Person in Charge (PIC)	Donnaee Mason	Time	In: 9:30 AM Out: 9:45 AM	Permit No. 000246	<input type="checkbox"/> Other _____
Inspector	Marlene Johnson				

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

## Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

## Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

## PROTECTION FROM CHEMICALS

 0. Chemical-Test

## FOOD PROTECTION MANAGEMENT

 1. PIC Assigned / Knowledgeable / Duties

## EMPLOYEE HEALTH

 2 Reporting of Diseases by Food Employee and PIC 3. Personnel with Infections Restricted/Excluded

## FOOD FROM APPROVED SOURCE

 4. Food and Water from Approved Source 5 Receiving/Condition 6. Tags/Records/Accuracy of Ingredient Statements 7. Conformance with Approved Procedures/HACCP Plans

## PROTECTION FROM CONTAMINATION

 8. Separation/Segregation/Protection 9. Food Contact Surfaces Cleaning and Sanitizing 10. Proper Adequate Handwashing 11. Good Hygienic Practices 12. Prevention of Contamination from Hands 13. Handwash Facilities

## PROTECTION FROM CHEMICALS

 14. Approved Food or Color Additives 15. Toxic Chemicals

## TIME/TEMPERATURE CONTROLS (PHFs)

 16. Cooking Temperatures 17. Reheating 18. Cooling 19 Hot and Cold Holding 20. Time As a Public Health Control

## REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

 21. Food and Food Preparation for HSP

## CONSUMER ADVISORY

 22. Posting of Consumer Advisories

## Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	590.003
		24. Food and Food Protection	590.004
		25. Equipment and Utensils	590.005
		26. Water, Plumbing, and Waste	590.006
		27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29. Special Requirements	590.009
		30. Other	BOH Regulation
		31. Grease Trap	BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

## DATE OF RE-INSPECTION:

Inspector's Signature: Marlene JohnsonPIC's Signature: D. Mason

Print: Marlene Johnson

Print: Donnaee Mason

Page 1 of 2 Pages

# BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

Date: 10/02/2018

Page: 2 of 2

Establishment Name: Fox Hill School

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
<p><b>Discussion With Person in Charge:</b> All violations corrected, copy of pest control service report obtained, droppings were removed.</p>			<p><b>Corrective Action Required:</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Voluntary Compliance  <input type="checkbox"/> Re-Inspection Scheduled  <input type="checkbox"/> Embargo  <input type="checkbox"/> Voluntary Disposal</p> <p><input type="checkbox"/> Employee Restriction / Exclusion  <input type="checkbox"/> Emergency Suspension  <input type="checkbox"/> Emergency Closure  <input type="checkbox"/> Other:</p>	

# BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: 781-270-1955 • Fax: 781-273-7687

## Food Establishment Inspection Report

Name: Fox Hill School	Date 03/12/2019	Type of Operation(s):	Type of Inspection:
Address: 1 Fox Hill Rd., BURLINGTON, MA 01803	Risk Level 2	<input type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input checked="" type="checkbox"/> Other School	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness Investigation <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Telephone: (781) 270-1793			
Owner: Burlington Public Schools	HACCP		
Person-in-Charge: Donnalee Mason	Time In: 9:00 AM Out: 9:30 AM		
Inspector: Marlene Johnson			

Number of Violated Provisions Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 though 29):	<b>0</b>	Number of Repeat Violations Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 though 29):	<b>0</b>	Date of Re-Inspection:
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### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R	Compliance Status	IN	OUT	N/A	N/O	COS	R	
<b>Supervision</b>								<b>Protection from Contamination</b>							
1	Person-in-charge present, demonstrates knowledge and performs duties	(IN)	OUT					15	Food separated and protected	(IN)	OUT	N/A	N/O		
2	Certified Food Protection Manager	(IN)	OUT	N/A				16	Food-contact surfaces: cleaned & sanitized	(IN)	OUT	N/A			
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	(IN)	OUT					17	Proper disposition of returned, previously served, reconditioned & unsafe food	(IN)	OUT				
4	Proper use of restriction and exclusion	(IN)	OUT					18	Proper cooking time & temperatures	IN	OUT	N/A	(N/O)		
5	Procedures for responding to vomiting and diarrheal events	(IN)	OUT					19	Proper reheating procedures for hot holding	(IN)	OUT	N/A	N/O		
6	Proper eating, tasting, drinking or tobacco use	(IN)	OUT	N/O				20	Proper cooling time and temperature	IN	OUT	N/A	(N/O)		
7	No discharge from eyes, nose and mouth	(IN)	OUT	N/O				21	Proper hot holding temperature	IN	OUT	N/A	(N/O)		
<b>Employee Health</b>								<b>Timer/Temperature Control for Safety</b>							
8	Proper eating, tasting, drinking or tobacco use	(IN)	OUT	N/O				22	Proper cold holding temperature	(IN)	OUT	N/A	N/O		
9	No discharge from eyes, nose and mouth	(IN)	OUT	N/O				23	Proper date marking and disposition	(IN)	OUT	N/A	N/O		
10	Proper use of restriction and exclusion	(IN)	OUT					24	Time as a Public Health Control	IN	OUT	(N/A)	N/O		
<b>Good Hygienic Practices</b>								<b>Consumer Advisory</b>							
11	Hands clean & properly washed	(IN)	OUT	N/O				25	Consumer advisory provided for raw/undercooked food	IN	OUT	(N/A)			
12	No bare hand contact with ready-to-eat food	(IN)	OUT	N/A	N/O			26	Pasteurized foods used, prohibited foods not offered	IN	OUT	(N/A)			
13	Adequate handwashing sinks, properly supplied and accessible	(IN)	OUT					27	Food additives: approved & properly used	IN	OUT	(N/A)			
14	Required records available: shellstock tags, parasite destruction	IN	OUT	(N/A)	N/O			28	Toxic substances properly identified, stored & used	(IN)	OUT	N/A			
<b>Approved Source</b>								<b>Food/Color Additives and Toxic Substances</b>							
15	Food obtained from approved source	(IN)	OUT					29	Compliance with variance/specialized process/HACCP plan	IN	OUT	(N/A)			
<b>Preventing Contamination by Hands</b>								<b>Highly Susceptible Populations</b>							

**Official Order for Correction:** Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Signature of Person-in-Charge: Donnalee Mason	<i>Donnalee Mason</i>	Date: 03/12/2019
Signature of Inspector: Marlene Johnson	<i>Marlene Johnson</i>	Date: 03/12/2019

# Food Establishment Inspection Report - Town of Burlington, MA

Establishment: Fox Hill School

Date: 03/12/2019

Page 2 of 3

## GOOD RETAIL PRACTICES AND MASSACHUSETTS - ONLY SECTIONS

An "X" in box indicates numbered item is not in compliance. An "X" in appropriate box for COS = corrected on site during the inspection and/or R = repeat violation

Compliance Status				OUT	COS	R	Compliance Status				OUT	COS	R
<b>Safe Food and Water</b>												<b>Utensils, Equipment and Vending</b>	
30	Pasteurized eggs used where required						48	Warewashing facilities: installed, maintained & used; test strips					
31	Water & ice from approved source						49	Non-food contact surfaces clean					
32	Variance obtained for specialized processing methods						<b>Physical Facilities</b>						
<b>Food Temperature Control</b>												50 Hot & cold water available; adequate pressure	
33	Proper cooling methods used; adequate equipment for temperature control						51	Plumbing installed; proper backflow devices					
34	Plant food properly cooked for hot holding						52	Sewage & waste water properly disposed					
35	Approved thawing methods used						53	Toilet facilities: properly constructed, supplied & cleaned					
36	Thermometers provided & accurate						54	Garbage & refuse properly disposed; facilities maintained					
<b>Food Identification</b>												55 Physical facilities installed, maintained & clean	
37	Food properly labeled; original container						56	Adequate ventilation & lighting; designated areas used					
<b>Prevention of Food Contamination</b>												<b>Additional Requirements listed in 105 CMR 590.011</b>	
38	Insects, rodents & animals not present						M1	Anti-choking procedure in food service establishments					
39	Contamination prevented during food preparation, storage and display						M2	Food allergy awareness					
40	Personal cleanliness						<b>Review of Retail Operations listed in 105 CMR 590.010</b>						
41	Wiping cloths: properly used & stored						M3	Caterer					
42	Washing fruits & vegetables						M4	Mobile Food Operation					
<b>Proper Use of Utensils</b>												M5 Temporary Food Establishment	
43	In-use utensils properly stored						M6	Public Market; Farmers Market					
44	Utensils, equipment & linens: properly stored, dried & handled						M7	Residential Kitchen; Bed-and-Breakfast Operation					
45	Single-use/single-service articles: properly stored & used						M8	Residential Kitchen; Cottage Food Operation					
46	Gloves used properly						M9	School Kitchen; USDA Nutrition Program					
<b>Utensils, Equipment and Vending</b>												M10 Leased Commercial Kitchen	
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						M11	Innovative Operation					
<b>Local Requirements</b>													
							L1	CFPM open to close					
							L2	Grease Trap Regulations					

Signature of Person-In-Charge: *Donnalee Mason*

Date: 03/12/2019

Signature of Inspector: *Marlene Johnson*

Date: 03/12/2019

# Food Establishment Inspection Report - Town of Burlington, MA

Establishment: Fox Hill School

Date: 03/12/2019

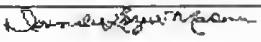
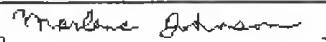
Page 3 of 3

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Cheese/Walk-In Cooler	36°F	/	/	/	/

Item Number	Section of Code	Description of Violation

## Discussion with Person-in-Charge:

Signature of Person-in-Charge: Donnalee Mason		Date: 03/12/2019
Signature of Inspector: Marlene Johnson		Date: 03/12/2019

## THE COMMONWEALTH OF MASSACHUSETTS

## BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

## FOOD ESTABLISHMENT INSPECTION REPORT

Name	Francis Wyman School	Date	09/07/2017	Type of Operation(s)	Type of inspection
Address	41 Terrace Hall Ave, BURLINGTON, MA 01803	Risk Level	Medium	<input type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone	(781) 270-1704			<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner	Burlington Public Schools			<input type="checkbox"/> Residential Kitchen	Previous inspection
Person in Charge (PIC)	Carol Ciampa			<input type="checkbox"/> Mobile	Date: 03/06/2017
Inspector	Randall S. Phelps	Time		<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation
		In:	10:00 AM	<input type="checkbox"/> Caterer	<input type="checkbox"/> Suspect Illness
		Out:	10:45 AM	<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint
				Permit No.	000247
					<input type="checkbox"/> HACCP
					<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

## Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

## Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

## PROTECTION FROM CHEMICALS

 0 Chemical-Test

## FOOD PROTECTION MANAGEMENT

 1. PIC Assigned / Knowledgeable / Duties

## EMPLOYEE HEALTH

 2. Reporting of Diseases by Food Employee and PIC 3. Personnel with Infections Restricted/Excluded

## FOOD FROM APPROVED SOURCE

 4. Food and Water from Approved Source 5. Receiving/Condition 6. Tags/Records/Accuracy of Ingredient Statements 7. Conformance with Approved Procedures/HACCP Plans

## PROTECTION FROM CONTAMINATION

 8. Separation/Segregation/Protection 9. Food Contact Surfaces Cleaning and Sanitizing 10. Proper Adequate Handwashing 11. Good Hygienic Practices 12. Prevention of Contamination from Hands 13. Handwash Facilities

## PROTECTION FROM CHEMICALS

 14. Approved Food or Color Additives 15. Toxic Chemicals

## TIME/TEMPERATURE CONTROLS (PHFs)

 16. Cooking Temperatures 17. Reheating 18. Cooling 19. Hot and Cold Holding 20. Time As a Public Health Control

## REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

 21. Food and Food Preparation for HSP

## CONSUMER ADVISORY

 22. Posting of Consumer Advisories

## Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C N

23	Management and Personnel	590.003
24	Food and Food Protection	590.004
25	Equipment and Utensils	590.005
26	Water, Plumbing, and Waste	590.006
27	Physical Facility	590.007
28	Poisonous or Toxic Materials	590.008
29	Special Requirements	590.009
30	Other	BOH Regulation
31	Grease Trap	BOH Regulation

## Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

## DATE OF RE-INSPECTION:

Inspector's Signature: 

Print: Randall S. Phelps

Page 1 of 2 Pages

PIC's Signature: 

Print: Carol Ciampa

**BURLINGTON BOARD OF HEALTH**

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Francis Wyman School

Date: 09/07/2017

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
Discussion With Person in Charge:			<b>Corrective Action Required:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Clean facility. No rodent activity noticed. Good usage of temperature and sanitizer logs. No violations noted.			<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:

THE COMMONWEALTH OF MASSACHUSETTS  
**BURLINGTON BOARD OF HEALTH**  
61 Center Street, Burlington, MA 01803  
Ph: (781) 270-1955 • Fax: (781) 273-7687

Feb 6,  
2018

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name	Francis Wyman School	Date	02/06/2018	Type of Operation(s)	<input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Previous inspection Date: 02/05/2018 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address	41 Terrace Hall Ave, BURLINGTON, MA 01803	Risk Level	Medium	Time	In: 10:05 AM Out: 10:45 AM	Permit No.	000247
Telephone	(781) 270-1704						
Owner	Burlington Public Schools						
Person in Charge (PIC)	Carol Ciampa						
Inspector	Samantha Hardy						

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

*Non-compliance with:*

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

**PROTECTION FROM CHEMICALS**

0 Chemical-Test

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

**FOOD FROM APPROVED SOURCE**

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

**PROTECTION FROM CONTAMINATION**

8. Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10. Proper Adequate Handwashing

11. Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14. Approved Food or Color Additives

15. Toxic Chemicals

**TIME/TEMPERATURE CONTROLS (PHFs)**

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**

21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)**

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	590.003
		24. Food and Food Protection	590.004
		25. Equipment and Utensils	590.005
		26. Water, Plumbing, and Waste	590.006
		27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29. Special Requirements	590.009
		30. Other	BOH Regulation
		31. Grease Trap	BOH Regulation

**Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):**

0

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature:

Print: Samantha Hardy

PIC's Signature:

Print: Carol Ciampa

Page 1 of 2 Pages

**BURLINGTON BOARD OF HEALTH**

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Francis Wyman School

Date: 02/06/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
<b>Discussion With Person in Charge:</b> Handsinks in compliance Restroom in compliance Storage organized. Frozen foods frozen solid Temperatures in compliance: mozzarella cheese 39F. Three bay sanitizer 500ppm quats, PIC added water to dilute to 200ppm. Warewash machine not in use			<b>Corrective Action Required:</b> <input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input checked="" type="checkbox"/> Other: Corrected on Site

## THE COMMONWEALTH OF MASSACHUSETTS

## BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

## FOOD ESTABLISHMENT INSPECTION REPORT

Name	Francis Wyman School	Date	09/18/2018	Type of Operation(s)	<input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: 02/06/2018
Address	41 Terrace Hall Ave., BURLINGTON, MA 01803	Risk Level	2	Time	<input type="checkbox"/> In: 10:50 AM <input type="checkbox"/> Out: 11:45 AM	Permit No.	000247
Telephone	(781) 270-1704						
Owner	Burlington Public Schools	HACCP					
Person in Charge (PIC)	Patrice Wolk						
Inspector	Marlene Johnson						

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

## Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

## Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

## PROTECTION FROM CHEMICALS

 0. Chemical-Test

## FOOD PROTECTION MANAGEMENT

 1. PIC Assigned / Knowledgeable / Duties

## EMPLOYEE HEALTH

 2. Reporting of Diseases by Food Employee and PIC 3. Personnel with Infections Restricted/Excluded

## FOOD FROM APPROVED SOURCE

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## PROTECTION FROM CONTAMINATION

 8. Separation/Segregation/Protection 9. Food Contact Surfaces Cleaning and Sanitizing 10. Proper Adequate Handwashing 11. Good Hygienic Practices 12. Prevention of Contamination from Hands 13. Handwash Facilities

## PROTECTION FROM CHEMICALS

 14. Approved Food or Color Additives 15. Toxic Chemicals

## TIME/TEMPERATURE CONTROLS (PHFs)

 16. Cooking Temperatures 17. Reheating 18. Cooling 19. Hot and Cold Holding 20. Time As a Public Health Control

## REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

 21. Food and Food Preparation for HSP

## CONSUMER ADVISORY

 22. Posting of Consumer Advisories

## Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	590.003
		24. Food and Food Protection	590.004
		25. Equipment and Utensils	590.005
		26. Water, Plumbing, and Waste	590.006
X		27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29. Special Requirements	590.009
X		30. Other	BOH Regulation
		31. Grease Trap	BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

1

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:** 10/02/2018

Inspector's Signature: *Marlene Johnson*

Print: Marlene Johnson

Page 1 of 2 Pages

PIC's Signature: *Patrice Wolk*

Print: Patrice Wolk

# BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Francis Wyman School

Date: 09/18/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified								
19	FC 3-501.16	R	Temp. potato patties 120F - 131 F (warmer closest to hand wash sink)and potato patties 110F (warmer closest to small tabletop mixer), maintain food requirement temperature control for safety (TCS) at or above 135F. Check food temperatures for the rest of week, have unit repaired if necessary. Lunch period is 2 hours, discard TCS foods out of temperature control if not sold after last lunch period.									
27	FC 6-501.111*	C	Mouse droppings found under shelves and behind water heater in paper storage room, contact pest control for service then clean to remove dust, cobwebs, mouse droppings and soils throughout this room. Mouse droppings also found in old unused warewash (dish wash) room under shelves and equipment, contact pest control for service then clean floor throughout.									
30	FC 2-101.11(4)		Food permit posted but it covers the certified food protection manager (CFPM) certificate, post separate so both can be seen.									
<b>Discussion With Person in Charge:</b> Found in compliance: temp. sausage patties 166F, 158F, packaged sliced cheese (between unopened package) 39F, hand wash sink (1 on site) stocked and working, warewash sink (quats) 200 PPM.		<p><b>Corrective Action Required:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <table> <tr> <td><input type="checkbox"/> Voluntary Compliance</td> <td><input type="checkbox"/> Employee Restriction / Exclusion</td> </tr> <tr> <td><input checked="" type="checkbox"/> Re-Inspection Scheduled</td> <td><input type="checkbox"/> Emergency Suspension</td> </tr> <tr> <td><input type="checkbox"/> Embargo</td> <td><input type="checkbox"/> Emergency Closure</td> </tr> <tr> <td><input type="checkbox"/> Voluntary Disposal</td> <td><input type="checkbox"/> Other:</td> </tr> </table>			<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion	<input checked="" type="checkbox"/> Re-Inspection Scheduled	<input type="checkbox"/> Emergency Suspension	<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure	<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion											
<input checked="" type="checkbox"/> Re-Inspection Scheduled	<input type="checkbox"/> Emergency Suspension											
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure											
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:											

# BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: 781-270-1955 • Fax: 781-273-7687

## Food Establishment Inspection Report

Name: Francis Wyman School	Date: 03/12/2019	Type of Operation(s):	Type of Inspection:
Address: 41 Terrace Hall Ave., BURLINGTON, MA 01803	Risk Level 2	<input type="checkbox"/> Food Service Establishment	<input checked="" type="checkbox"/> Routine
Telephone: (781) 270-1704		<input type="checkbox"/> Retail Food Store	<input type="checkbox"/> Re-inspection
Owner: Burlington Public Schools	HACCP	<input type="checkbox"/> Residential: Cottage Foods	<input type="checkbox"/> Pre-operational
Person-in-Charge: Carol Ciampa	Time In: 11:00 AM	<input type="checkbox"/> Residential: Bed & Breakfast	<input type="checkbox"/> Illness Investigation
Inspector: Marlene Johnson	Out: 11:45 AM	<input type="checkbox"/> Mobile/Pushcart	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Temporary Food Estab.	<input type="checkbox"/> HACCP
		<input checked="" type="checkbox"/> Other School	<input type="checkbox"/> Other _____

Number of Violated Provisions Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 through 29):	<b>2</b>	Number of Repeat Violations Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 through 29):	<b>0</b>	Date of Re-Inspection:
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### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R	Compliance Status	IN	OUT	N/A	N/O	COS	R	
<b>Supervision</b>								<b>Protection from Contamination</b>							
1	Person-in-charge present, demonstrates knowledge and performs duties	IN	OUT		X			15	Food separated and protected	IN	OUT	N/A	N/O		
2	Certified Food Protection Manager	IN	OUT	N/A				16	Food-contact surfaces: cleaned & sanitized	IN	OUT	N/A			
<b>Employee Health</b>								17	Proper disposition of returned, previously served, reconditioned & unsafe food	IN	OUT				
<b>Good Hygienic Practices</b>								<b>Time/Temperature Control for Safety</b>							
6	Proper eating, tasting, drinking or tobacco use	IN	OUT	N/O				18	Proper cooking time & temperatures	IN	OUT	N/A	N/O		
7	No discharge from eyes, nose and mouth	IN	OUT	N/O				19	Proper reheating procedures for hot holding	IN	OUT	N/A	N/O		
<b>Preventing Contamination by Hands</b>								20	Proper cooling time and temperature	IN	OUT	N/A	N/O		
8	Hands clean & properly washed	IN	OUT	N/O				21	Proper hot holding temperature	IN	OUT	N/A	N/O	X	
9	No bare hand contact with ready-to-eat food	IN	OUT	N/A	N/O			22	Proper cold holding temperature	IN	OUT	N/A	N/O		
10	Adequate handwashing sinks, properly supplied and accessible	IN	OUT					23	Proper date marking and disposition	IN	OUT	N/A	N/O		
<b>Approved Source</b>								24	Time as a Public Health Control	IN	OUT	(N/A)	N/O		
<b>Food/Color Additives and Toxic Substances</b>								<b>Consumer Advisory</b>							
11	Food obtained from approved source	IN	OUT					25	Consumer advisory provided for raw/undercooked food	IN	OUT	(N/A)			
12	Food received at proper temperature	IN	OUT	N/A	(N/O)			<b>Highly Susceptible Populations</b>							
13	Food received in good condition, safe & unadulterated	IN	OUT					26	Pasteurized foods used, prohibited foods not offered	IN	OUT	(N/A)			
14	Required records available: shellstock tags, parasite destruction	IN	OUT	(N/A)	N/O			<b>Conformance with Approved Procedures</b>							
								27	Food additives: approved & properly used	IN	OUT	(N/A)			
								28	Toxic substances properly identified, stored & used	IN	OUT	N/A			
								29	Compliance with variance/specialized process/HACCP plan	IN	OUT	(N/A)			

**Official Order for Correction:** Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Signature of Person-in-Charge: Carol Ciampa	<i>Carol Ciampa</i>	Date: 03/12/2019
Signature of Inspector: Marlene Johnson	<i>Marlene Johnson</i>	Date: 03/12/2019

# Food Establishment Inspection Report - Town of Burlington, MA

Establishment: Francis Wyman School				Date: 03/12/2019			Page 2 of 3					
<b>GOOD RETAIL PRACTICES AND MASSACHUSETTS - ONLY SECTIONS</b>												
An "X" in box indicates numbered item is not in compliance. An "X" in appropriate box for COS = corrected on site during the inspection and/or R = repeat violation												
Compliance Status			OUT	COS	R	Compliance Status			OUT	COS	R	
<b>Safe Food and Water</b>										<b>Utensils, Equipment and Vending</b>		
30	Pasteurized eggs used where required					48	Warewashing facilities: installed, maintained & used; test strips					
31	Water & ice from approved source					49	Non-food contact surfaces clean					
32	Variance obtained for specialized processing methods					<b>Physical Facilities</b>						
33	Proper cooling methods used; adequate equipment for temperature control					50	Hot & cold water available; adequate pressure					
34	Plant food properly cooked for hot holding					51	Plumbing installed; proper backflow devices					
35	Approved thawing methods used					52	Sewage & waste water properly disposed					
36	Thermometers provided & accurate					53	Toilet facilities: properly constructed, supplied & cleaned					
37	Food properly labeled; original container					54	Garbage & refuse properly disposed; facilities maintained					
38	Insects, rodents & animals not present					55	Physical facilities installed, maintained & clean					
39	Contamination prevented during food preparation, storage and display					56	Adequate ventilation & lighting; designated areas used					
40	Personal cleanliness					<b>Additional Requirements listed in 105 CMR 590.011</b>						
41	Wiping cloths: properly used & stored					M1	Anti-choking procedure in food service establishments					
42	Washing fruits & vegetables					M2	Food allergy awareness					
43	In-use utensils properly stored					<b>Review of Retail Operations listed in 105 590.010</b>						
44	Utensils, equipment & linens: properly stored, dried & handled					M3	Caterer					
45	Single-use/single-service articles: properly stored & used					M4	Mobile Food Operation					
46	Gloves used properly					M5	Temporary Food Establishment					
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used					M6	Public Market; Farmers Market					
<b>Utensils, Equipment and Vending</b>										<b>Local Requirements</b>		
L1	CFPM open to close											
L2	Grease Trap Regulations											

Signature of Person-in-Charge: Carol Clampa *Carol Clampa*

Date: 03/12/2019

Signature of Inspector: Marlene Johnson *Marlene Johnson*

Date: 03/12/2019

MDPH report form - 10/5/18 version

# Food Establishment Inspection Report - Town of Burlington, MA

Establishment: Francis Wyman School

Date: 03/12/2019

Page 3 of 3

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
chicken nugget/Hot-Hold Unit	119°F	chicken nugget/Other hot hold unit	136°F	French fries/Hot-Hold Unit	111°F
Potato puff/Hot-Hold Unit	109°F	Butter/Walk-In Cooler	36°F		

Item Number	Section of Code	Description of Violation
1	2-102.11	PIC tasted French fry to determine if hot enough, PIC instructed to use food thermometer.
21	3-501.16(A)(1)	Chicken nuggets found at 119F, potato puffs 111F (inside warming cabinet located by tabletop mixer. French fries found at 109F (inside warming cabinet located by 2 door True ref. unit). It was observed employees were serving the hot food directly from the hot holding cabinets instead of utilizing the steam tables. Opening the cabinets introduces cool air which causes hot food to decrease in temperature. T Keep temperature control for safety (TCS) foods hot at or above 135F. Use appropriate equipment when serving food. PIC reheated out of temperature foods in the oven to 165F.

**Discussion with Person-in-Charge:** Post most recent food inspection report with food permit as required for school foodservice. Sanitizer water was cold, keep sanitizer water between 75F - 110F.

Signature of Person-in-Charge: Carol Ciampa 

Date: 03/12/2019

Signature of Inspector: Marlene Johnson 

Date: 03/12/2019



## THE COMMONWEALTH OF MASSACHUSETTS

## BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

## FOOD ESTABLISHMENT INSPECTION REPORT

Name	Marshall Simonds Middle School	Date	09/14/2017	Type of Operation(s)	<input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of inspection
Address	114 Winn St, BURLINGTON, MA 01803	Risk Level	Medium	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: 03/07/2017		
Telephone	(781) 270-1771					
Owner	Burlington Public Schools	HACCP			<input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	
Person in Charge (PIC)	Kristine Libby	Time				
Inspector	Marlene Johnson	In:	10:05 AM			
		Out:	10:55 AM			
				Permit No.	000245	

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

## Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

## Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

## PROTECTION FROM CHEMICALS

 0 Chemical-Test

## FOOD PROTECTION MANAGEMENT

 1. PIC Assigned / Knowledgeable / Duties

## EMPLOYEE HEALTH

 2. Reporting of Diseases by Food Employee and PIC 3 Personnel with Infections Restricted/Excluded

## FOOD FROM APPROVED SOURCE

 4. Food and Water from Approved Source 5 Receiving/Condition 6. Tags/Records/Accuracy of Ingredient Statements 7. Conformance with Approved Procedures/HACCP Plans

## PROTECTION FROM CONTAMINATION

 8. Separation/Segregation/Protection 9 Food Contact Surfaces Cleaning and Sanitizing 10 Proper Adequate Handwashing 11 Good Hygienic Practices 12. Prevention of Contamination from Hands 13 Handwash Facilities

## PROTECTION FROM CHEMICALS

 14 Approved Food or Color Additives 15 Toxic Chemicals

## TIME/TEMPERATURE CONTROLS (PHFs)

 16. Cooking Temperatures 17 Reheating 18 Cooling 19 Hot and Cold Holding 20. Time As a Public Health Control

## REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

 21. Food and Food Preparation for HSP

## CONSUMER ADVISORY

 22 Posting of Consumer Advisories

## Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23 Management and Personnel	590.003
		24. Food and Food Protection	590.004
		25. Equipment and Utensils	590.005
		26 Water, Plumbing, and Waste	590.006
X		27. Physical Facility	590.007
		28 Poisonous or Toxic Materials	590.008
		29 Special Requirements	590.009
		30. Other	BOH Regulation
		31 Grease Trap	BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:** 09/26/2017Inspector's Signature *Marlene Johnson*

Print: Marlene Johnson

Page 1 of 2 PagesPIC's Signature: *Kristine Libby*

Print: Kristine Libby

# BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Marshall Simonds Middle School

Date: 09/14/2017

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
27	590 007		Dust build up on wall and ceiling at kitchen entrance by hand wash sink next to produce prep sink, clean to remove. Dust build up on many ceiling tiles and ceiling vents, clean	

Discussion With Person in Charge:	Corrective Action Required:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Hand wash sinks stocked and working. ware wash sink (quats), 200 PPM, test kit present, mechanical dishwasher wash 156F, rinse 181F, equipment in working order food temperatures fried chicken at various hot holding units; 170F, 164F, 155F, 176F, 148F	<input type="checkbox"/> Voluntary Compliance <input checked="" type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:

## THE COMMONWEALTH OF MASSACHUSETTS

## BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

## FOOD ESTABLISHMENT INSPECTION REPORT

Name Marshall Simonds Middle School	Date 09/26/2017	Type of Operation(s)	Type of Inspection
Address 114 Winn St., BURLINGTON, MA 01803	Risk Level Medium	<input type="checkbox"/> Food Service	<input type="checkbox"/> Routine
Telephone (781) 270-1771		<input type="checkbox"/> Retail	<input checked="" type="checkbox"/> Re-inspection
Owner Burlington Public Schools	HACCP	<input type="checkbox"/> Residential Kitchen	Previous inspection Date: 09/14/2017
Person in Charge (PIC) Kristine Libby	Time	<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector Marlene Johnson	In: 10:00 AM	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
	Out: 10:15 AM	<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
		Permit No. 000245	<input type="checkbox"/> Other _____

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

## Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

## Non-compliance with:

Anti-Choking	590.009 (E) <input type="checkbox"/>
Tobacco	590.009 (F) <input type="checkbox"/>
Allergen Awareness	590.009 (G) <input type="checkbox"/>

## PROTECTION FROM CHEMICALS

 0. Chemical-Test

## FOOD PROTECTION MANAGEMENT

 1. PIC Assigned / Knowledgeable / Duties

## EMPLOYEE HEALTH

 2. Reporting of Diseases by Food Employee and PIC 3. Personnel with Infections Restricted/Excluded

## FOOD FROM APPROVED SOURCE

 4 Food and Water from Approved Source 5 Receiving/Condition 6 Tags/Records/Accuracy of Ingredient Statements 7. Conformance with Approved Procedures/HACCP Plans

## PROTECTION FROM CONTAMINATION

 8 Separation/Segregation/Protection 9 Food Contact Surfaces Cleaning and Sanitizing 10. Proper Adequate Handwashing 11. Good Hygienic Practices 12. Prevention of Contamination from Hands 13 Handwash Facilities

## PROTECTION FROM CHEMICALS

 14. Approved Food or Color Additives 15 Toxic Chemicals

## TIME/TEMPERATURE CONTROLS (PHFs)

 16. Cooking Temperatures 17 Reheating 18 Cooling 19 Hot and Cold Holding 20. Time As a Public Health Control

## REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

 21 Food and Food Preparation for HSP

## CONSUMER ADVISORY

 22. Posting of Consumer Advisories

## Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	590.003
		24. Food and Food Protection	590.004
		25. Equipment and Utensils	590.005
		26. Water, Plumbing, and Waste	590.006
		27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29. Special Requirements	590.009
		30. Other	BOH Regulation
		31. Grease Trap	BOH Regulation

## Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

## DATE OF RE-INSPECTION:

Inspector's Signature: *Marlene Johnson*

Print: Marlene Johnson

Page 1 of 2 Pages

PIC's Signature: *Kristine Libby*

Print: Kristine Libby

**BURLINGTON BOARD OF HEALTH**

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Marshall Simonds Middle School

Date: 09/26/2017

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
<b>Discussion With Person in Charge:</b> Dust was removed from ceiling, ceiling vents and walls were needed.			<b>Corrective Action Required:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:

## THE COMMONWEALTH OF MASSACHUSETTS

## BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

## FOOD ESTABLISHMENT INSPECTION REPORT

Name	Marshall Simonds Middle School	Date	02/27/2018	Type of Operation(s)	Type of Inspection
Address	114 Winn St, BURLINGTON, MA 01803	Risk Level	2	<input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: 02/26/2018
Telephone	(781) 270-1771				<input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Owner	Burlington Public Schools	HACCP			
Person in Charge (PIC)	Kristine Libby	Time			
Inspector	Samantha Hardy	In:	9:15 AM		
		Out:	9:45 AM	Permit No.	000245

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

## Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

## Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

## PROTECTION FROM CHEMICALS

 0. Chemical-Test

## FOOD PROTECTION MANAGEMENT

 1 PIC Assigned / Knowledgeable / Duties

## EMPLOYEE HEALTH

 2 Reporting of Diseases by Food Employee and PIC 3 Personnel with Infections Restricted/Excluded

## FOOD FROM APPROVED SOURCE

 4 Food and Water from Approved Source 5. Receiving/Condition 6. Tags/Records/Accuracy of Ingredient Statements 7. Conformance with Approved Procedures/HACCP Plans

## PROTECTION FROM CONTAMINATION

 8 Separation/Segregation/Protection 9 Food Contact Surfaces Cleaning and Sanitizing 10 Proper Adequate Handwashing 11. Good Hygienic Practices 12 Prevention of Contamination from Hands 13. Handwash Facilities

## PROTECTION FROM CHEMICALS

 14 Approved Food or Color Additives 15. Toxic Chemicals

## TIME/TEMPERATURE CONTROLS (PHFs)

 16 Cooking Temperatures 17 Reheating 18 Cooling 19 Hot and Cold Holding 20 Time As a Public Health Control

## REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

 21. Food and Food Preparation for HSP

## CONSUMER ADVISORY

 22 Posting of Consumer Advisories

## Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C N

23. Management and Personnel	590.003
24. Food and Food Protection	590.004
25. Equipment and Utensils	590.005
26. Water, Plumbing, and Waste	590.006
X 27. Physical Facility	590.007
28. Poisonous or Toxic Materials	590.008
29. Special Requirements	590.009
30. Other	BOH Regulation
31. Grease Trap	BOH Regulation

## Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

## DATE OF RE-INSPECTION:

Inspector's Signature:

Print: Samantha Hardy

PIC's Signature:

Print: Kristine Libby

Page 1 of 2 Pages

**BURLINGTON BOARD OF HEALTH**

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Marshall Simonds Middle School

Date: 02/27/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
27	FC 6-501.112		Light shield has dead insects inside in dry storage room, remove. COS	

**Discussion With Person In Charge:**

Temperatures in compliance: cheese between packages 41F, Dishwasher wash 152F, rinse 184F. Three bay sink 200ppm quats. Handsinks in compliance. Employee restroom in compliance

Corrective Action Required:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion
<input type="checkbox"/> Re-Inspection Scheduled	<input type="checkbox"/> Emergency Suspension
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure
<input type="checkbox"/> Voluntary Disposal	<input checked="" type="checkbox"/> Other: Corrected on Site

THE COMMONWEALTH OF MASSACHUSETTS  
**BURLINGTON BOARD OF HEALTH**  
61 Center Street, Burlington, MA 01803  
Ph: (781) 270-1955 • Fax: (781) 273-7687

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name Marshall Simonds Middle School	Date 09/25/2018	Type of Operation(s)	Type of Inspection
Address 114 Winn St., BURLINGTON, MA 01803	Risk Level 2	<input type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone (781) 270-1771		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner Burlington Public Schools	HACCP	<input type="checkbox"/> Residential Kitchen	Previous Inspection
Person in Charge (PIC) Kristine Libby		<input type="checkbox"/> Mobile	Date: 09/10/2018
Inspector Samantha Hardy	Time In: 10:10 AM Out: 10:40 AM	<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation
		<input type="checkbox"/> Caterer	<input type="checkbox"/> Suspect Illness
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint
		Permit No. 000245	<input type="checkbox"/> HACCP
			<input type="checkbox"/> Other _____

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations related to Food Protection Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E) <input type="checkbox"/>
Tobacco	590.009 (F) <input type="checkbox"/>
Allergen Awareness	590.009 (G) <input type="checkbox"/>

**PROTECTION FROM CHEMICALS**

Critical (C) \_\_\_\_\_

**FOOD PROTECTION MANAGEMENT**

105. Assurance of food safety (C)

**EMPLOYEE HEALTH**

102. Employee health and food safety (C)

103. Employee health and food safety (C)

**FOOD FROM APPROVED SOURCE**

104. Purchasing food from approved sources

105. Purchasing food from approved sources

106. Purchasing food from approved sources

**PROTECTION FROM CONTAMINATION**

107. Good Hygiene Practices (C)

108. Personal cleanliness and food safety (C)

109. Equipment cleaning and washing

**Violations Related to Good Retail Practices (Blue Items)**

**Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.**

C	N		
		23. Management and Personnel	590.003
		24. Food and Food Protection	590.004
	X	25. Equipment and Utensils	590.005
		26. Water, Plumbing, and Waste	590.006
		27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29. Special Requirements	590.009
		30. Other	BOH Regulation
		31. Grease Trap	BOH Regulation

111. Food Safety (C)  
 112. Prevention of Cross Contamination (C)  
 113. Equipment Cleaning

**PROTECTION FROM CHEMICALS**

114. Approved Use for Color Additives

115. Toxic Chemicals

**TIME/TEMPERATURE CONTROLS (PHFs)**

116. Cooking Temperature

117. Temperature

118. Cooling Temperature

119. Time/Date of Preparation/Service

**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**

120. Food Safety for Highly Susceptible Populations

**CONSUMER ADVISORY**

121. Food Safety for Consumers (C)

**DATE OF RE-INSPECTION:**

0

Number of Violated Provisions Related to Foodborne Illnesses, Interventions and Risk Factors (Red Items 1-22):

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: <i>Samantha Hardy</i>	Print: Samantha Hardy	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <i>Kristine Libby</i>	Print: Kristine Libby	

**BURLINGTON BOARD OF HEALTH**

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Marshall Simonds Middle School

Date: 09/25/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
25	FC 4-602.13		Ice machine soiled inside, corrected on site.	
<b>Discussion With Person in Charge:</b> Temperatures in compliance: green bean 175F, mac n cheese 168F, hot dog 140F, cucumber 41F. Three bay sanitizer 200ppm quats. Handsinks in compliance. Employee restroom in compliance.			<b>Corrective Action Required:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input checked="" type="checkbox"/> Other: Corrected on Site

# BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: 781-270-1955 . Fax: 781-273-7687

## Food Establishment Inspection Report

Name: F. Irakli Schools Marshall Secondary M.S.  
 Address: 114 Winn St.  
 Telephone: 781 270 1780  
 Owner:  
 Person-in-charge: Karen Parmaso  
 Inspector: Samantha Thibault

Date 3/11/19	Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other _____	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Risk Level		
HACCP Y/N		
Time In: 8:45 Out: 9:35		

Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): **8**

Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): **8**

Date of Re-Inspection: **N/A**

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R	Compliance Status		IN	OUT	N/A	N/O	COS	R
<b>Supervision</b>															
1	Person-in-charge present, demonstrates knowledge, and performs duties	✓						15	Food separated and protected						
2	Certified Food Protection Manager	✓						16	Food-contact surfaces; cleaned & sanitized		✓				
<b>Employee Health</b>															
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	✓						17	Proper disposition of returned, previously served, reconditioned & unsafe food		✓				
4	Proper use of restriction and exclusion	✓						18	Proper cooking time & temperatures						
5	Procedures for responding to vomiting and diarrheal events	✓						19	Proper reheating procedures for hot holding						
<b>Good Hygienic Practices</b>															
6	Proper eating, tasting, drinking, or tobacco use	✓						20	Proper cooling time and temperature						
7	No discharge from eyes, nose, and mouth	✓						21	Proper hot holding temperature						
<b>Preventing Contamination by Hands</b>															
8	Hands clean & properly washed	✓						22	Proper cold holding temperature		✓				
9	No bare hand contact with ready-to-eat food	✓						23	Proper date marking and disposition		✓				
10	Adequate handwashing sinks properly supplied and accessible	✓						24	Time as a Public Health Control						
<b>Approved Source</b>															
11	Food obtained from approved source	✓						25	Consumer advisory provided for raw / undercooked food						
12	Food received at proper temperature	✓						26	Pasteurized foods used; prohibited foods not offered						
13	Food received in good condition, safe, & unadulterated	✓						27	Food additives: approved & properly used						
14	Required records available: shellstock tags, parasite destruction	✓						28	Toxic substances properly identified, stored & used						
<b>Consumer Advisory</b>															
<b>Highly Susceptible Populations</b>															
29	Compliance with variance / specialized process / HACCP Plan														
<b>Food/Color Additives and Toxic Substances</b>															
<b>Conformance with Approved Procedures</b>															

**Official Order for Correction:** Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Signature of Person-in-Charge:

*Karen Parmaso*

Date: **3/11/19**

Signature of Inspector:

*Samantha Thibault*

Date: **3/11/19**

# Food Establishment Inspection Report – Town of Burlington, MA

Establishment: B. Irvin Schools Marshall Smartt H.S.

Date: 3/1/19

Page 2 of 3

## GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
<b>Safe Food and Water</b>							
30	Pasteurized eggs used where required			✓			
31	Water & ice from approved source			✓			
32	Variance obtained for specialized processing methods			✓			
<b>Food Temperature Control</b>							
33	Proper cooling methods used; adequate equipment for temperature control	✓					
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate			✓			
<b>Food Identification</b>							
37	Food properly labeled; original container			✓			
<b>Prevention of Food Contamination</b>							
38	Insects, rodents, & animals not present			✓			
39	Contamination prevented during food preparation, storage and display			✓			
40	Personal cleanliness						
41	Wiping cloths: properly used & stored			✓			
42	Washing fruits & vegetables			✓			
<b>Proper Use of Utensils</b>							
43	In-use utensils properly stored			✓			
44	Utensils, equipment & linens: properly stored, dried, & handled			✓			
45	Single-use / single-service articles: properly stored & used			✓			
46	Gloves used properly			✓			
<b>Utensils, Equipment and Vending</b>							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used			✓			

### Discussion with Person-in-Charge:

Signature of Person-in-Charge:

Signature of Inspector:

Date: 3/1/19

Date: 3/1/19

Compliance Status		IN	OUT	N/A	N/O	COS	R
Warewashing facilities: installed, maintained, & used; test strips							
48							
49	Non-food contact surfaces clean						
<b>Physical Facilities</b>							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet facilities: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
<b>Additional Requirements listed in 105 CMR 590.011</b>							
M1	Anti-choking procedures in food service establishment	✓					
M2	Food allergy awareness	✓					
<b>Review of Retail Operations listed in 105 CMR 590.010</b>							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
<b>Local Requirements</b>							
L1	CFPM Open to Close	✓					
L2	Grease Trap Regulations	✓					

Signature of Person-in-Charge:	3/1/19
Signature of Inspector:	3/1/19

## Food Establishment Inspection Report – Town of Burlington, MA

Establishment: Bushrangers Schools. Marshall Secondary MS Date: 3/11/19 Page 3 of 3

## Temperature Observations

**Signature of Person-in-Charge:**

Date: 3/11/19

**Signature of Inspector:**

Date: 3/11/19

## THE COMMONWEALTH OF MASSACHUSETTS

## BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

## FOOD ESTABLISHMENT INSPECTION REPORT

Name	Memorial School	Date	09/14/2017	Type of Operation(s)		
Address	125 Winn St. BURLINGTON, MA 01803	Risk Level	Medium	<input type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine	
Telephone	(781) 270-1723			<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection	
Owner	Burlington Public Schools			<input type="checkbox"/> Residential Kitchen	Previous inspection Date: 03/07/2017	
Person in Charge (PIC)	Christine Stevens	Time		<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation	
Inspector	Marlene Johnson	In:	10:45 AM	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness	
		Out:	11:15 AM	<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint	
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP	
				Permit No. 000248	<input type="checkbox"/> Other	

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

## Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

## Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

## PROTECTION FROM CHEMICALS

 0 Chemical-Test

## FOOD PROTECTION MANAGEMENT

 1 PIC Assigned / Knowledgeable / Duties

## EMPLOYEE HEALTH

 2 Reporting of Diseases by Food Employee and PIC 3 Personnel with Infections Restricted/Excluded

## FOOD FROM APPROVED SOURCE

 4 Food and Water from Approved Source 5 Receiving/Condition 6 Tags/Records/Accuracy of Ingredient Statements 7 Conformance with Approved Procedures/HACCP Plans

## PROTECTION FROM CONTAMINATION

 8. Separation/Segregation/Protection 9 Food Contact Surfaces Cleaning and Sanitizing 10 Proper Adequate Handwashing 11 Good Hygienic Practices 12 Prevention of Contamination from Hands 13 Handwash Facilities

## PROTECTION FROM CHEMICALS

 14 Approved Food or Color Additives 15 Toxic Chemicals

## TIME/TEMPERATURE CONTROLS (PHFs)

 16 Cooking Temperatures 17 Reheating 18 Cooling 19 Hot and Cold Holding 20. Time As a Public Health Control

## REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

 21 Food and Food Preparation for HSP

## CONSUMER ADVISORY

 22 Posting of Consumer Advisories

## Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23 Management and Personnel	590.003
		24 Food and Food Protection	590.004
		25 Equipment and Utensils	590.005
		26 Water, Plumbing, and Waste	590.006
		27. Physical Facility	590.007
		28 Poisonous or Toxic Materials	590.008
		29 Special Requirements	590.009
		30 Other	BOH Regulation
		31. Grease Trap	BOH Regulation

## Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

## DATE OF RE-INSPECTION:

Inspector's Signature *Marlene Johnson*

Print Marlene Johnson

Page 1 of 2 Pages

PIC's Signature *Christine Stevens*

Print Christine Stevens

# BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Memorial School

Date: 09/14/2017

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
<b>Discussion With Person in Charge:</b> Hand wash sinks stocked and working, equipment in working order, ware wash sink (quats), 200 PPM, test kit present, mechanical dishwasher wash 153F, rinse 184F, food temperatures, mashed potatoes 166F, fried chicken 184F, 185F, tunafish 39F				<b>Corrective Action Required:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:

## THE COMMONWEALTH OF MASSACHUSETTS

## BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

## FOOD ESTABLISHMENT INSPECTION REPORT

Name Memorial School	Date 02/27/2018	Type of Operation(s)	Type of Inspection
Address 125 Winn St., BURLINGTON, MA 01803	Risk Level 2	<input type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone (781) 270-1723		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner Burlington Public Schools	HACCP	<input type="checkbox"/> Residential Kitchen	Previous inspection
Person in Charge (PIC) Christine Stevens	Time	<input type="checkbox"/> Mobile	Date: 02/26/2018
Inspector Samantha Hardy	In: 9:50 AM	<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation
	Out: 10:20 AM	<input type="checkbox"/> Caterer	<input type="checkbox"/> Suspect Illness
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint
		Permit No. 000248	<input type="checkbox"/> HACCP
			<input type="checkbox"/> Other _____

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

## Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

## Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

## PROTECTION FROM CHEMICALS

 0. Chemical-Test

## FOOD PROTECTION MANAGEMENT

 1. PIC Assigned / Knowledgeable / Duties

## EMPLOYEE HEALTH

 2. Reporting of Diseases by Food Employee and PIC 3. Personnel with Infections Restricted/Excluded

## FOOD FROM APPROVED SOURCE

 4. Food and Water from Approved Source 5. Receiving/Condition 6. Tags/Records/Accuracy of Ingredient Statements 7. Conformance with Approved Procedures/HACCP Plans

## PROTECTION FROM CONTAMINATION

 8. Separation/Segregation/Protection 9. Food Contact Surfaces Cleaning and Sanitizing 10. Proper Adequate Handwashing 11. Good Hygienic Practices 12. Prevention of Contamination from Hands 13. Handwash Facilities

## PROTECTION FROM CHEMICALS

 14. Approved Food or Color Additives 15. Toxic Chemicals

## TIME/TEMPERATURE CONTROLS (PHFs)

 16. Cooking Temperatures 17. Reheating 18. Cooling 19. Hot and Cold Holding 20. Time As a Public Health Control

## REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

 21. Food and Food Preparation for HSP

## CONSUMER ADVISORY

 22. Posting of Consumer Advisories

## Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

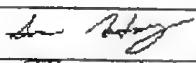
C	N	23. Management and Personnel	590.003
		24. Food and Food Protection	590.004
		25. Equipment and Utensils	590.005
		26. Water, Plumbing, and Waste	590.006
		27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29. Special Requirements	590.009
		30. Other	BOH Regulation
		31. Grease Trap	BOH Regulation

## Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

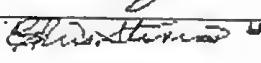
0

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

## DATE OF RE-INSPECTION:

Inspector's Signature: 

Print: Samantha Hardy

Page 1 of 2 PagesPIC's Signature: 

Print: Christine Stevens

**BURLINGTON BOARD OF HEALTH**

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Memorial School

Date: 02/27/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified

**Discussion With Person In Charge:**

Temperatures in compliance. ham 29F, hotdog 161F, meatballs 182F.

Dishwasher wash 152F, rinse 182F. Three bay sink 200ppm quats.

Employee restroom in compliance. Handsinks in compliance

**Corrective Action Required:**  No  Yes

<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion
<input type="checkbox"/> Re-Inspection Scheduled	<input type="checkbox"/> Emergency Suspension
<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:

## THE COMMONWEALTH OF MASSACHUSETTS

## BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

## FOOD ESTABLISHMENT INSPECTION REPORT

Name Memorial School	Date 09/25/2018	Type of Operation(s)	Type of Inspection
Address 125 Winn St., BURLINGTON, MA 01803	Risk Level 2	<input type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone (781) 270-1723		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner Burlington Public Schools	HACCP	<input type="checkbox"/> Residential Kitchen	Previous inspection
Person in Charge (PIC) Christine Stevens	Time	<input type="checkbox"/> Mobile	Date: 09/10/2018
inspector Samantha Hardy	In: 9:30 AM	<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation
	Out: 10:10 AM	<input type="checkbox"/> Caterer	<input type="checkbox"/> Suspect Illness
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint
		Permit No. 000248	<input type="checkbox"/> HACCP
			<input type="checkbox"/> Other _____

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

## Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

## Non-compliance with:

Anti-Choking	590.009 (E) <input type="checkbox"/>
Tobacco	590.009 (F) <input type="checkbox"/>
Allergen Awareness	590.009 (G) <input type="checkbox"/>

## PROTECTION FROM CHEMICALS

 0. Chemical-Test

## FOOD PROTECTION MANAGEMENT

 1 PIC Assigned / Knowledgeable / Duties

## EMPLOYEE HEALTH

 2. Reporting of Diseases by Food Employee and PIC 3. Personnel with Infections Restricted/Excluded

## FOOD FROM APPROVED SOURCE

 4. Food and Water from Approved Source 5 Receiving/Condition 6. Tags/Records/Accuracy of Ingredient Statements 7. Conformance with Approved Procedures/HACCP Plans

## PROTECTION FROM CONTAMINATION

 8. Separation/Segregation/Protection 9. Food Contact Surfaces Cleaning and Sanitizing 10 Proper Adequate Handwashing 11. Good Hygienic Practices 12. Prevention of Contamination from Hands 13 Handwash Facilities

## PROTECTION FROM CHEMICALS

 14. Approved Food or Color Additives 15 Toxic Chemicals

## TIME/TEMPERATURE CONTROLS (PHFs)

 16. Cooking Temperatures 17 Reheating 18. Cooling 19. Hot and Cold Holding 20. Time As a Public Health Control

## REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

 21. Food and Food Preparation for HSP

## CONSUMER ADVISORY

 22 Posting of Consumer Advisories

## Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	590.003
		24. Food and Food Protection	590.004
		25. Equipment and Utensils	590.005
		26. Water, Plumbing, and Waste	590.006
		27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29. Special Requirements	590.009
		30. Other	BOH Regulation
		31. Grease Trap	BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

## DATE OF RE-INSPECTION:

Inspector's Signature: *Samantha Hardy*

Print: Samantha Hardy

Page 1 of 2 Pages

PIC's Signature: *Christine Stevens*

Print: Christine Stevens

**BURLINGTON BOARD OF HEALTH**

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Memorial School

Date: 09/25/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified

Discussion With Person in Charge:		Corrective Action Required:	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Temperatures in compliance: carrots 40F, green beans 33F, cheese sauce 174F. Dishwasher: wash 155F, rinse 182F. Three bay sanitizer 300ppm quats. Employee restroom in compliance. Handsinks in compliance.		<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:	

# BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: 781-270-1955 • Fax: 781-273-7687

## Food Establishment Inspection Report

Name: Memorial School	Date 03/13/2019	Type of Operation(s):	Type of Inspection:
Address: 125 Winn St., BURLINGTON, MA 01803	Risk Level 2	<input type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input checked="" type="checkbox"/> Other School _____	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness Investigation <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Telephone: (781) 270-1723			
Owner: Burlington Public Schools	HACCP		
Person-in-Charge: Christine Stevens	Time In: 9:05 AM Out: 10:00 AM		
Inspector: Marlene Johnson			

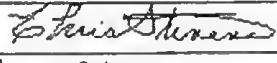
Number of Violated Provisions Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 through 29): <b>0</b>	Number of Repeat Violations Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 through 29): <b>0</b>	Date of Re-Inspection:
--	--	------------------------

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R	Compliance Status		IN	OUT	N/A	N/O	COS	R
<b>Supervision</b>								<b>Protection from Contamination</b>							
1	Person-in-charge present, demonstrates knowledge and performs duties	(IN)	OUT					15	Food separated and protected	(IN)	OUT	N/A	N/O		
2	Certified Food Protection Manager	(IN)	OUT	N/A				16	Food-contact surfaces: cleaned & sanitized	(IN)	OUT	N/A			
3	Management, food employee and conditional employee, knowledge, responsibilities and reporting	(IN)	OUT					17	Proper disposition of returned, previously served, reconditioned & unsafe food	(IN)	OUT				
4	Proper use of restriction and exclusion	(IN)	OUT					18	Proper cooking time & temperatures	(IN)	OUT	N/A	N/O		
5	Procedures for responding to vomiting and diarrheal events	(IN)	OUT					19	Proper reheating procedures for hot holding	(IN)	OUT	N/A	N/O		
6	Proper eating, tasting, drinking or tobacco use	(IN)	OUT	N/O				20	Proper cooling time and temperature	IN	OUT	N/A	(N/O)		
7	No discharge from eyes, nose and mouth	(IN)	OUT	N/O				21	Proper hot holding temperature	(IN)	OUT	N/A	N/O		
8	Hands clean & properly washed	(IN)	OUT	N/O				22	Proper cold holding temperature	(IN)	OUT	N/A	N/O		
9	No bare hand contact with ready-to-eat food	(IN)	OUT	N/A	N/O			23	Proper date marking and disposition	(IN)	OUT	N/A	N/O		
10	Adequate handwashing sinks, properly supplied and accessible	(IN)	OUT					24	Time as a Public Health Control	IN	OUT	(N/A)	N/O		
<b>Good Hygienic Practices</b>								<b>Time/Temperature Control for Safety</b>							
11	Food obtained from approved source	(IN)	OUT					18	Proper cooking time & temperatures	(IN)	OUT	N/A	N/O		
12	Food received at proper temperature	IN	OUT	N/A	(N/O)			19	Proper reheating procedures for hot holding	(IN)	OUT	N/A	N/O		
13	Food received in good condition, safe & unadulterated	(IN)	OUT					20	Proper cooling time and temperature	IN	OUT	N/A	(N/O)		
14	Required records available: shellstock tags, parasite destruction	IN	OUT	(N/A)	N/O			21	Proper hot holding temperature	(IN)	OUT	N/A	N/O		
<b>Approved Source</b>								<b>Consumer Advisory</b>							
25	Consumer advisory provided for raw/undercooked food	IN	OUT	(N/A)				25	Consumer advisory provided for raw/undercooked food	IN	OUT	(N/A)			
<b>Preventing Contamination by Hands</b>								<b>Highly Susceptible Populations</b>							
26	Pasteurized foods used, prohibited foods not offered	IN	OUT	(N/A)				26	Pasteurized foods used, prohibited foods not offered	IN	OUT	(N/A)			
<b>Food/Color Additives and Toxic Substances</b>								<b>Food/Color Additives and Toxic Substances</b>							
27	Food additives: approved & properly used	IN	OUT	(N/A)				27	Food additives: approved & properly used	IN	OUT	(N/A)			
28	Toxic substances properly identified, stored & used	(IN)	OUT	N/A				28	Toxic substances properly identified, stored & used	(IN)	OUT	N/A			
<b>Conformance with Approved Procedures</b>								<b>Conformance with Approved Procedures</b>							
29	Compliance with variance/specialized process/HACCP plan	IN	OUT	(N/A)				29	Compliance with variance/specialized process/HACCP plan	IN	OUT	(N/A)			

**Official Order for Correction:** Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Signature of Person-in-Charge: Christine Stevens 	Date: 03/13/2019
Signature of Inspector: Marlene Johnson 	Date: 03/13/2019

# Food Establishment Inspection Report - Town of Burlington, MA

Establishment: Memorial School				Date: 03/13/2019				Page 2 of 3					
<b>GOOD RETAIL PRACTICES AND MASSACHUSETTS - ONLY SECTIONS</b>													
An "X" in box indicates numbered item is not in compliance. An "X" in appropriate box for COS = corrected on site during the inspection and/or R = repeat violation													
Compliance Status				OUT	COS	R	Compliance Status				OUT	COS	R
<b>Safe Food and Water</b>													
30	Pasteurized eggs used where required						48	Warewashing facilities: installed, maintained & used; test strips					
31	Water & ice from approved source						49	Non-food contact surfaces clean					
32	Variance obtained for specialized processing methods						<b>Physical Facilities</b>						
33	Proper cooling methods used; adequate equipment for temperature control						50	Hot & cold water available; adequate pressure					
34	Plant food properly cooked for hot holding						51	Plumbing installed; proper backflow devices					
35	Approved thawing methods used						52	Sewage & waste water properly disposed					
36	Thermometers provided & accurate						53	Toilet facilities: properly constructed, supplied & cleaned					
37	Food properly labeled; original container						54	Garbage & refuse properly disposed; facilities maintained					
38	Insects, rodents & animals not present						55	Physical facilities installed, maintained & clean					
39	Contamination prevented during food preparation, storage and display						56	Adequate ventilation & lighting; designated areas used					
40	Personal cleanliness						<b>Additional Requirements listed in 105 CMR 590.011</b>						
41	Wiping cloths: properly used & stored						M1	Anti-choking procedure in food service establishments					
42	Washing fruits & vegetables						M2	Food allergy awareness					
43	In-use utensils properly stored						<b>Review of Retail Operations listed in 105 590.010</b>						
44	Utensils, equipment & linens: properly stored, dried & handled						M3	Caterer					
45	Single-use/single-service articles: properly stored & used						M4	Mobile Food Operation					
46	Gloves used properly						M5	Temporary Food Establishment					
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						M6	Public Market; Farmers Market					
<b>Proper Use of Utensils</b>													
M7	Residential Kitchen; Bed-and-Breakfast Operation						M7	Residential Kitchen; Bed-and-Breakfast Operation					
M8	Residential Kitchen: Cottage Food Operation						M8	Residential Kitchen: Cottage Food Operation					
M9	School Kitchen; USDA Nutrition Program						M9	School Kitchen; USDA Nutrition Program					
M10	Leased Commercial Kitchen						M10	Leased Commercial Kitchen					
M11	Innovative Operation						M11	Innovative Operation					
<b>Utensils, Equipment and Vending</b>													
<b>Local Requirements</b>													
L1	CFPM open to close						L1	CFPM open to close					
L2	Grease Trap Regulations						L2	Grease Trap Regulations					
Signature of Person-in-Charge: Christine Stevens <i>Christine Stevens</i>							Date: 03/13/2019						
Signature of Inspector: Marlene Johnson <i>Marlene Johnson</i>							Date: 03/13/2019						
MDPH report form - 10/5/18 version													

# Food Establishment Inspection Report - Town of Burlington, MA

Establishment: Memorial School

Date: 03/13/2019

Page 3 of 3

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Meatball/Final cook temp.	166°F	Hotdog/Hot-Hold Unit	146°F	Ranch dressing/Cold-Hold Unit	39°F

Item Number	Section of Code	Description of Violation
-------------	-----------------	--------------------------

**Discussion with Person-in-Charge:** An under-counter high temperature mechanical dishwasher is used on site; provide an irreversible registering temperature indicator (hand out given) and test the mechanical dishwasher rinse temperature daily when used. If purchasing strips ensure you purchase strips for 160F testing. When strip turns black (or color indicated on strip) then rinse water is 160F inside machine and is in compliance. If using a maximum reading, waterproof thermometer; when temperature hits 160F or above inside the machine, then machine is in compliance.

**Signature of Person-in-Charge:** Christine Stevens  Date: 03/13/2019

**Signature of Inspector:** Marlene Johnson  Date: 03/13/2019

## THE COMMONWEALTH OF MASSACHUSETTS

## BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

## FOOD ESTABLISHMENT INSPECTION REPORT

Name Pine Glen School	Date 09/07/2017	Type of Operation(s)	Type of Inspection
Address Pine Glen Way, BURLINGTON, MA 01803	Risk Level Medium	<input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: 03/08/2017
Telephone (781) 270-1714	HACCP	Permit No. 000249	<input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Owner Burlington Public Schools	Time		
Person in Charge (PIC) Carol Keene	In: 11:45 AM		
Inspector Randall S. Phelps	Out: 12:30 PM		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

## Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

## Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

## PROTECTION FROM CHEMICALS

 0. Chemical-Test

## FOOD PROTECTION MANAGEMENT

 1. PIC Assigned / Knowledgeable / Duties

## EMPLOYEE HEALTH

 2 Reporting of Diseases by Food Employee and PIC 3. Personnel with Infections Restricted/Excluded

## FOOD FROM APPROVED SOURCE

 4 Food and Water from Approved Source 5. Receiving/Condition 6 Tags/Records/Accuracy of Ingredient Statements 7 Conformance with Approved Procedures/HACCP Plans

## PROTECTION FROM CONTAMINATION

 8 Separation/Segregation/Protection 9 Food Contact Surfaces Cleaning and Sanitizing 10 Proper Adequate Handwashing 11. Good Hygienic Practices 12 Prevention of Contamination from Hands 13 Handwash Facilities

## PROTECTION FROM CHEMICALS

 14 Approved Food or Color Additives 15 Toxic Chemicals

## TIME/TEMPERATURE CONTROLS (PHFs)

 16 Cooking Temperatures 17 Reheating 18 Cooling 19 Hot and Cold Holding 20 Time As a Public Health Control

## REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

 21 Food and Food Preparation for HSP

## CONSUMER ADVISORY

 22 Posting of Consumer Advisories

## Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	590.003
		24. Food and Food Protection	590.004
		25. Equipment and Utensils	590.005
		26. Water, Plumbing, and Waste	590.006
		27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29. Special Requirements	590.009
		30. Other	BOH Regulation
		31. Grease Trap	BOH Regulation

## Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

## DATE OF RE-INSPECTION:

Inspector's Signature 

Print: Randall S. Phelps

PIC's Signature 

Print: Carol Keene

Page 1 of 2 Pages

**BURLINGTON BOARD OF HEALTH**

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Pine Glen School

Date: 09/07/2017

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
<b>Discussion With Person in Charge:</b> Good cleanliness throughout All certs and permits posted Holding and storage within regulations Good chemical storage procedures No violations noted.			<b>Corrective Action Required:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	

THE COMMONWEALTH OF MASSACHUSETTS  
**BURLINGTON BOARD OF HEALTH**  
61 Center Street, Burlington, MA 01803  
Ph: (781) 270-1955 • Fax: (781) 273-7687

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name	Pine Glen School			Date	02/12/2018	Type of Operation(s)			Type of Inspection
Address	Pine Glen Way, BURLINGTON, MA 01803			Risk Level	Medium	<input type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine		
Telephone	(781) 270-1714			<input type="checkbox"/> Retail		<input type="checkbox"/> Re-inspection			
Owner	Burlington Public Schools			HACCP	<input type="checkbox"/> Residential Kitchen	<input type="checkbox"/> Previous inspection			
Person in Charge (PIC)	Kathleen Gillingham			Time	<input type="checkbox"/> Mobile	<input type="checkbox"/> Date: 09/07/2017			
Inspector	Samantha Hardy			In: 9:45 AM	<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation			
				Out: 10:15 AM	<input type="checkbox"/> Caterer	<input type="checkbox"/> Suspect Illness			
					<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint			
					Permit No. 000249	<input type="checkbox"/> HACCP			
						<input type="checkbox"/> Other			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

*Non-compliance with:*

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

**PROTECTION FROM CHEMICALS**

0. Chemical-Test

**FOOD PROTECTION MANAGEMENT**

1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

2. Reporting of Diseases by Food Employee and PIC

3. Personnel with Infections Restricted/Excluded

**FOOD FROM APPROVED SOURCE**

4. Food and Water from Approved Source

5. Receiving/Condition

6. Tags/Records/Accuracy of Ingredient Statements

7. Conformance with Approved Procedures/HACCP Plans

**PROTECTION FROM CONTAMINATION**

8 Separation/Segregation/Protection

9. Food Contact Surfaces Cleaning and Sanitizing

10 Proper Adequate Handwashing

11 Good Hygienic Practices

12. Prevention of Contamination from Hands

13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

14 Approved Food or Color Additives

15. Toxic Chemicals

**TIME/TEMPERATURE CONTROLS (PHFs)**

16. Cooking Temperatures

17 Reheating

18 Cooling

19. Hot and Cold Holding

20 Time As a Public Health Control

**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**

21 Food and Food Preparation for HSP

**CONSUMER ADVISORY**

22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)**

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel 590.003
		24. Food and Food Protection 590.004
		25. Equipment and Utensils 590.005
		26. Water, Plumbing, and Waste 590.006
		27. Physical Facility 590.007
		28. Poisonous or Toxic Materials 590.008
		29. Special Requirements 590.009
		30. Other BOH Regulation
		31. Grease Trap BOH Regulation

**Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):**

0

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature:

Print: Samantha Hardy

PIC's Signature:

Print: Kathleen Gillingham

Page 1 of 2 Pages

**BURLINGTON BOARD OF HEALTH**

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Pine Glen School

Date: 02/12/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
<b>Discussion With Person in Charge:</b> Temperatures in compliance: cheese 41F, peas 204F. Handsink in compliance. Restroom in compliance. All frozen foods frozen solid.			<b>Corrective Action Required:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Embargo <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Voluntary Disposal <input type="checkbox"/> Other	

## THE COMMONWEALTH OF MASSACHUSETTS

## BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

## FOOD ESTABLISHMENT INSPECTION REPORT

Name Pine Glen School	Date 09/18/2018	Type of Operation(s)	Type of Inspection
Address Pine Glen Way, BURLINGTON, MA 01803	Risk Level 2	<input type="checkbox"/> Food Service	<input checked="" type="checkbox"/> Routine
Telephone (781) 270-1714		<input type="checkbox"/> Retail	<input type="checkbox"/> Re-inspection
Owner Burlington Public Schools	HACCP	<input type="checkbox"/> Residential Kitchen	Previous inspection
Person in Charge (PIC) Carol Keene	Time	<input type="checkbox"/> Mobile	Date: 02/12/2018
Inspector Marlene Johnson	In: 10:00 AM	<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation
	Out: 10:45 AM	<input type="checkbox"/> Caterer	<input type="checkbox"/> Suspect Illness
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint
		Permit No. 000249	<input type="checkbox"/> HACCP
			<input type="checkbox"/> Other _____

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

## Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

## Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

## PROTECTION FROM CHEMICALS

 0. Chemical-Test

## FOOD PROTECTION MANAGEMENT

 1. PIC Assigned / Knowledgeable / Duties

## EMPLOYEE HEALTH

 2. Reporting of Diseases by Food Employee and PIC 3. Personnel with Infections Restricted/Excluded

## FOOD FROM APPROVED SOURCE

 4. Food and Water from Approved Source 5. Receiving/Condition 6. Tags/Records/Accuracy of Ingredient Statements 7. Conformance with Approved Procedures/HACCP Plans

## PROTECTION FROM CONTAMINATION

 8. Separation/Segregation/Protection 9. Food Contact Surfaces Cleaning and Sanitizing 10. Proper Adequate Handwashing 11. Good Hygienic Practices 12. Prevention of Contamination from Hands 13. Handwash Facilities

## PROTECTION FROM CHEMICALS

 14. Approved Food or Color Additives 15. Toxic Chemicals

## TIME/TEMPERATURE CONTROLS (PHFs)

 16. Cooking Temperatures 17. Reheating 18. Cooling 19. Hot and Cold Holding 20. Time As a Public Health Control

## REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

 21. Food and Food Preparation for HSP

## CONSUMER ADVISORY

 22. Posting of Consumer Advisories

## Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel 590.003
		24. Food and Food Protection 590.004
		25. Equipment and Utensils 590.005
X		26. Water, Plumbing, and Waste 590.006
X		27. Physical Facility 590.007
		28. Poisonous or Toxic Materials 590.008
		29. Special Requirements 590.009
		30. Other BOH Regulation
		31. Grease Trap BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:** 10/02/2018

Inspector's Signature: <i>Marlene Johnson</i>	Print: Marlene Johnson	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <i>Carol Keene</i>	Print: Carol Keene	

# BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Pine Glen School

Date: 09/18/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
26	FC 5-205.15*	C	Slow drain to hand wash sink in ladies restroom, repair.	
27	FC 6-501.12		Floor under shelves in food/paper storage room has cobwebs, dust and soils, clean.	
27	FC 6-501.113		Dumpster missing top cover on one half of unit, repair.	

#### Discussion With Person in Charge:

Note: during inspection this day, the walk-in ref. unit (in rear) was reading 53F, no TCS foods were inside, only prepackaged juice cups and bottled water inside until unit is repaired. Found in compliance: New walk-in ref. unit at 39F (air temp), temp. tomato 37F, temp. potato patty (hot holding) 141F, temp. sausage link (hot holding) 160F, handwash sink (1 on site) stocked and working, warewash sink (quats) 200 PPM.

Corrective Action Required:	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/>	<input type="checkbox"/> Employee Restriction / Exclusion
<input checked="" type="checkbox"/> Re-Inspection Scheduled	<input type="checkbox"/>	<input type="checkbox"/> Emergency Suspension
<input type="checkbox"/> Embargo	<input type="checkbox"/>	<input type="checkbox"/> Emergency Closure
<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/>	<input type="checkbox"/> Other:

## THE COMMONWEALTH OF MASSACHUSETTS

## BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

## FOOD ESTABLISHMENT INSPECTION REPORT

Name Pine Glen School	Date 10/02/2018	Type of Operation(s)	Type of Inspection
Address Pine Glen Way, BURLINGTON, MA 01803	Risk Level 2	<input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: 09/18/2018 <input checked="" type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Telephone (781) 270-1714			
Owner Burlington Public Schools	HACCP		
Person in Charge (PIC) Carol Keene	Time In: 9:55 AM Out: 10:05 AM		
Inspector Marlene Johnson		Permit No. 000249	

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

## Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

## Non-compliance with:

Anti-Choking	590.009 (E) <input type="checkbox"/>
Tobacco	590.009 (F) <input type="checkbox"/>
Allergen Awareness	590.009 (G) <input type="checkbox"/>

## PROTECTION FROM CHEMICALS

 0. Chemical-Test

## FOOD PROTECTION MANAGEMENT

 1. PIC Assigned / Knowledgeable / Duties

## EMPLOYEE HEALTH

 2. Reporting of Diseases by Food Employee and PIC 3. Personnel with Infections Restricted/Excluded

## FOOD FROM APPROVED SOURCE

 4. Food and Water from Approved Source 5. Receiving/Condition 6. Tags/Records/Accuracy of Ingredient Statements 7. Conformance with Approved Procedures/HACCP Plans

## PROTECTION FROM CONTAMINATION

 8. Separation/Segregation/Protection 9. Food Contact Surfaces Cleaning and Sanitizing 10. Proper Adequate Handwashing 11. Good Hygienic Practices 12. Prevention of Contamination from Hands 13. Handwash Facilities

## PROTECTION FROM CHEMICALS

 14. Approved Food or Color Additives 15. Toxic Chemicals

## TIME/TEMPERATURE CONTROLS (PHFs)

 16. Cooking Temperatures 17. Reheating 18. Cooling 19. Hot and Cold Holding 20. Time As a Public Health Control

## REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

 21. Food and Food Preparation for HSP

## CONSUMER ADVISORY

 22. Posting of Consumer Advisories

## Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	590.003
		24. Food and Food Protection	590.004
		25. Equipment and Utensils	590.005
		26. Water, Plumbing, and Waste	590.006
		27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29. Special Requirements	590.009
		30. Other	BOH Regulation
		31. Grease Trap	BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

## DATE OF RE-INSPECTION:

Inspector's Signature: *Marlene Johnson*

Print: Marlene Johnson

Page 1 of 2 Pages

PIC's Signature: *Carol Keene*

Print: Carol Keene

**BURLINGTON BOARD OF HEALTH**

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Pine Glen School

Date: 10/02/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
<b>Discussion With Person in Charge:</b> All violations corrected, lid to dumpster was repaired			<b>Corrective Action Required:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:

# BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: 781-270-1955 • Fax: 781-273-7687

## Food Establishment Inspection Report

Name: Pine Glen School		Date 03/12/2019			Type of Operation(s):		Type of Inspection:								
Address: Pine Glen Way, BURLINGTON, MA 01803		Risk Level 2			<input type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input checked="" type="checkbox"/> Other School _____		<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness Investigation <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____								
Telephone: (781) 270-1714					HACCP										
Owner: Burlington Public Schools															
Person-In-Charge: Carol Keene		Time													
		In: 10:00 AM													
Inspector: Marlene Johnson		Out: 10:35 AM													
Number of Violated Provisions Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 through 29): <b>0</b>		Number of Repeat Violations Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 through 29): <b>0</b>			Date of Re-Inspection:										
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>															
IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation															
Compliance Status		IN	OUT	N/A	N/O	COS	R	Compliance Status	IN	OUT	N/A	N/O	COS	R	
<b>Supervision</b>									<b>Protection from Contamination</b>						
1	Person-in-charge present, demonstrates knowledge and performs duties	(IN)	OUT					15	Food separated and protected	(IN)	OUT	N/A	N/O		
2	Certified Food Protection Manager	(IN)	OUT	N/A				16	Food-contact surfaces: cleaned & sanitized	(IN)	OUT	N/A			
								17	Proper disposition of returned, previously served, reconditioned & unsafe food	(IN)	OUT				
<b>Employee Health</b>									<b>Time/Temperature Control for Safety</b>						
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	(IN)	OUT					18	Proper cooking time & temperatures	IN	OUT	N/A	(N/O)		
4	Proper use of restriction and exclusion	(IN)	OUT					19	Proper reheating procedures for hot holding	IN	OUT	N/A	(N/O)		
5	Procedures for responding to vomiting and diarrheal events	(IN)	OUT					20	Proper cooling time and temperature	IN	OUT	N/A	(N/O)		
								21	Proper hot holding temperature	(IN)	OUT	N/A	N/O		
								22	Proper cold holding temperature	(IN)	OUT	N/A	N/O		
<b>Good Hygienic Practices</b>									<b>Consumer Advisory</b>						
6	Proper eating, tasting, drinking or tobacco use	(IN)	OUT	N/O				23	Proper date marking and disposition	(IN)	OUT	N/A	N/O		
7	No discharge from: eyes, nose and mouth	(IN)	OUT	N/O				24	Time as a Public Health Control	IN	OUT	(N/A)	N/O		
<b>Preventing Contamination by Hands</b>									<b>Highly Susceptible Populations</b>						
8	Hands clean & properly washed	(IN)	OUT	N/O				25	Consumer advisory provided for raw/undercooked food	IN	OUT	(N/A)			
9	No bare hand contact with ready-to-eat food	(IN)	OUT	N/A	N/O			26	Pasteurized foods used, prohibited foods not offered	IN	OUT	(N/A)			
10	Adequate handwashing sinks, properly supplied and accessible	(IN)	OUT												
<b>Approved Source</b>									<b>Food/Color Additives and Toxic Substances</b>						
11	Food obtained from approved source	(IN)	OUT					27	Food additives: approved & properly used	IN	OUT	(N/A)			
12	Food received at proper temperature	IN	OUT	N/A	(N/O)			28	Toxic substances properly identified, stored & used	(IN)	OUT	N/A			
13	Food received in good condition, safe & unadulterated	(IN)	OUT												
14	Required records available: shellstock tags, parasite destruction	IN	OUT	(N/A)	N/O			29	Compliance with variance/specialized process/HACCP plan	IN	OUT	(N/A)			

**Official Order for Correction:** Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Signature of Person-In-Charge: Carol Keene	<i>Carol Keene</i>	Date: 03/12/2019
Signature of Inspector: Marlene Johnson	<i>Marlene Johnson</i>	Date: 03/12/2019

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## GOOD RETAIL PRACTICES AND MASSACHUSETTS - ONLY SECTIONS

An "X" in box indicates numbered item is not in compliance. An "X" in appropriate box for COS = corrected on site during the inspection and/or R = repeat violation

Compliance Status				OUT	COS	R	Compliance Status				OUT	COS	R
<b>Safe Food and Water</b>							<b>Utensils, Equipment and Vending</b>						
30	Pasteurized eggs used where required						48	Warewashing facilities: installed, maintained & used; test strips					
31	Water & ice from approved source						49	Non-food contact surfaces clean					
32	Variance obtained for specialized processing methods						<b>Physical Facilities</b>						
<b>Food Temperature Control</b>							50	Hot & cold water available; adequate pressure					
33	Proper cooling methods used; adequate equipment for temperature control						51	Plumbing installed; proper backflow devices					
34	Plant food properly cooked for hot holding						52	Sewage & waste water properly disposed					
35	Approved thawing methods used	X	X				53	Toilet facilities: properly constructed, supplied & cleaned					
36	Thermometers provided & accurate						54	Garbage & refuse properly disposed; facilities maintained					
<b>Food Identification</b>							55	Physical facilities installed, maintained & clean					
37	Food properly labeled; original container						56	Adequate ventilation & lighting; designated areas used					
<b>Prevention of Food Contamination</b>							<b>Additional Requirements listed in 105 CMR 590.011</b>						
38	Insects, rodents & animals not present						M1	Anti-choking procedure in food service establishments					
39	Contamination prevented during food preparation, storage and display						M2	Food allergy awareness					
40	Personal cleanliness						<b>Review of Retail Operations listed in 105 CMR 590.010</b>						
41	Wiping cloths: properly used & stored						M3	Caterer					
42	Washing fruits & vegetables						M4	Mobile Food Operation					
<b>Proper Use of Utensils</b>							M5	Temporary Food Establishment					
43	In-use utensils properly stored						M6	Public Market; Farmers Market					
44	Utensils, equipment & linens: properly stored, dried & handled						M7	Residential Kitchen; Bed-and-Breakfast Operation					
45	Single-use/single-service articles: properly stored & used						M8	Residential Kitchen; Cottage Food Operation					
46	Gloves used properly						M9	School Kitchen; USDA Nutrition Program					
<b>Utensils, Equipment and Vending</b>							M10	Leased Commercial Kitchen					
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						M11	Innovative Operation					
							<b>Local Requirements</b>						
							L1	CFPM open to close					
							L2	Grease Trap Regulations					

Signature of Person-in-Charge: Carol Keene

*Carol Keene*

Date: 03/12/2019

Signature of Inspector: Marlene Johnson

*Marlene Johnson*

Date: 03/12/2019

MDPH report form - 10/6/18 version

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## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Chicken finger/Hot-Hold Unit	170°F	Uncut tomato/Cold-Hold Unit	40°F		

Item Number	Section of Code	Description of Violation
35	3-501.13	Frozen chicken nuggets and potato smiles (similar to potato puffs) thawing at room temperature, thaw temperature control for safety (TCS) foods under refrigeration.

## Discussion with Person-in-Charge:

Signature of Person-in-Charge: Carol Keene

Date: 03/12/2019

Signature of Inspector: Marlene Johnson

Date: 03/12/2019